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Public Health Service

COUNTY HEALTH OFFICER'S MANUAL

FLORIDA STATE BOARD OF HEALTH
JACKSONVILLE FLORIDA
1941

FOREWORD

This Manual is presented in the hope that it will be of value to the county health officer and his personnel — those now in employment and those employed in the future. It is intended that this Manual coordinate and stabilize activities both in the state office and in the county health units as they interrelate.

The Manual has been prepared as an experiment and with a view to revision within a short time; and it is hoped that all county health unit personnel will use the Manual and give thought to suggestions for the improvement of the next edition.

The Manual contains specific instruction for the conduct of county health units in cooperation with the Florida State Board of Health.

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Florida State Health Officer

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PART I

ADMINISTRATION

Section 1

RELATIONSHIP OF STATE BOARD OF HEALTH TO COUNTY HEALTH UNIT

The State Board of Health is charged with the responsibility of taking the necessary steps to protect the health of the people. The county health officer is the county representative of the State Health Officer and as such is responsible to him for his acts.

County health work is supervised by the State Board of Health, and this supervision covers the following points:

1. Promulgation of standards governing programs and general conduct of the work of the county health unit.
2. Promulgation of regulations governing communicable diseases and for the protection of the public health.
3. Specifications for qualifications of the personnel employed in county health units.

AUTHORITY OF THE STATE HEALTH OFFICER

The authority of the State Health Officer is supreme in all matters concerning public health administration. Whenever the authority of any bureau or division director or other subordinate is referred to, it is understood that such authority is exercised by virtue of the powers which have been delegated by the State Health Officer.

BUREAU OF LOCAL HEALTH SERVICE The Bureau of Local Health Service is the liaison bureau between the State Board of Health and the county health unit, and the duties of this Bureau consist of the following:

1. To act in an advisory and supervisory capacity to county health officers.
2. To promote and organize full-time county health units.
3. To help secure financial aid and prepare budgets for county health units.
4. To prepare forms for recording activities of county health units.
5. To receive and tabulate the monthly reports of activities of county health units and report such activities to Federal agencies.
6. To recommend scholarships in schools of public health.
7. To approve qualifications of personnel to be employed in the county health unit.

APPOINTMENT OF HEALTH OFFICER AND PERSONNEL The Local County Health Unit Law provides that the county health officer, as well as all personnel employed by the county health unit shall be employed by the board of county commissioners provided, however, that no such personnel shall be employed by the board of county commissioners unless such personnel shall be approved by the State Health Officer. Approval of the health officer should also be obtained from all other appropriating bodies and the county medical society. All other personnel should be approved by the health officer, subject to the approval

of the county commissioners and other local appropriating bodies and the State Health Officer.

QUALIFICATIONS OF PERSONNEL A comprehensive classification plan for all positions with the State Board of Health and county health units has been adopted by the Merit System of the State Board of Health. The classification plan includes for each class of position, an appropriate title, followed by a description of the duties and responsibilities, with a statement of the minimum requirements of training, experience and other qualifications.

SUPERVISION OF PERSONNEL The Director of Local Health Service may carry out such administrative, technical, and professional supervision as the State Board of Health exercises over the personnel of the local health organizations. All other bureau and division directors and technical employees of the State Board of Health should serve only as consultants on technical subjects to county health workers at the request of the county health officer and/or the Director of Local Health Service. Complaints against county health workers should be filed with the Director of Local Health Service.

Dismissal of Personnel. The State Board of Health may recommend the removal of any county health officer or other employee who shall

fail or refuse to enforce the necessary laws and regulations, or for other neglect of duty or misconduct while in office. Insofar as the State Board of Health may be concerned it recognizes no special tenure of office and may refuse to continue its financial participation when an inefficient or unsatisfactory health officer or other employee is retained in office.

County health officers shall not make appointments or dismissals of full-time employees without first obtaining the approval of such appointment or dismissal from the Director of Local Health Service and from the county board of commissioners and other local appropriating bodies.

Resignation of Personnel. Resignation will be accepted at any time, either with or without prejudice, depending upon the conduct and service that has been rendered by the employee. Notification of such contemplated resignation should be given to the Director of Local Health Service at least thirty days before resignation is to become effective. The county health officer should file this notice directly with the Director of Local Health Service. In the case of subordinate personnel, notice must be filed through the county health officer.

Personnel who have received their training in public health through scholarships granted by the State Board of Health are expected to serve at least two years after the completion of such training. This require-

ment is not binding as far as the State Board of Health is concerned, in the case of an employee who is found unsuited for his work, or if his work proves unsatisfactory in any way.

FINANCIAL AID — Financial aid is given by the State to counties organized in accordance with the county health law and in accordance with the policy of the State Board of Health and within the limits of the state funds available for this purpose. The funds derived from the state appropriation are supplemented by funds derived from the Federal government.

EXTRA-STATE CONTRIBUTING AGENCIES — All extra-state contributing agencies cooperating with the counties do so through and with the State Board of Health. The State Board of Health assumes responsibility for seeing that the contributions of these agencies are properly expended locally, and these agencies may reserve the right of withdrawing their aid at any time, if they find that satisfactory service is not being given by the county health unit.

CONSULTANT SERVICE TO THE COUNTY HEALTH UNIT — The State Board of Health through its separate divisions and bureaus offers to the health units consultant service which will be made available upon request by the county health officer and/or the Director of Local Health Service.

STATE-WIDE SERVICES OF STATE BOARD OF HEALTH

The State Board of Health has the following services which are performed on a state-wide basis:

1. Laboratory services to all public health departments, institutions and private physicians (see page 231).
2. Registration of births, deaths, marriages and divorces (see page 43).
3. Supervision of public water supplies and sewage disposal systems; also sanitary and shellfish inspections (see page 181).

The county health unit is expected to participate in these activities and to assist the State Board of Health in the performance of these services, insofar as its personnel will permit.

Section 2

LEGAL AUTHORIZATION OF FULL-TIME COUNTY HEALTH UNIT

In 1931 the Florida State Legislature passed an act authorizing the counties of the State of Florida to cooperate with the State Board of Health in the establishment and maintenance of full-time county health units.

SOURCE OF SUPPORT — In order to maintain a county health unit each county is authorized to levy an annual tax which is based on the population figures of the last state census as follows:

100,000 population and over . . . not to exceed $\frac{1}{2}$ mill

40,000 to 100,000 population. . . not to exceed 1 mill

less than 40,000 population . . . not to exceed 2 mills

The county may levy this tax on all taxable property in the county, the proceeds of which when collected, is paid to the State Treasurer for the account of the State Board of Health.

COUNTY, STATE, AND FEDERAL COOPERATION — The county commissioners are authorized to agree with the State Board of Health upon the expenditure in the county by the State Board of Health of any funds

allotted for that purpose by the State Board of Health or received by it for such purposes from private contribution or other sources. The State Board of Health is also authorized to arrange and agree with the federal government for the allocation and expenditure by the federal government of its funds in the study of the cause and prevention of diseases in the county health unit.

SELECTION OF PERSONNEL

The minimum personnel of a full-time county health unit should consist of a director, who must be a doctor of medicine, a public health nurse, a sanitary officer and a clerk. The law further states that all the members of such personnel should be selected from those especially trained in public health administration and practice, and they should be employed by the board of county commissioners, provided, however, that no such person shall be employed by the board of county commissioners unless he is approved by the State Health Officer (see page 3).

The compensation of the personnel is fixed and determined by the State Board of Health upon the approval of the board of county commissioners.

COMBINATION OF TWO OR MORE COUNTIES

Two or more counties are authorized to combine in the establishment and maintenance of a single full-time county health unit. These counties

must cooperate with one another and the State Board of Health and contribute to a joint fund for the maintenance of the unit. The duration and nature of their agreement must be evidenced by resolutions of the board of county commissioners of each county and must be submitted to and approved by the State Board of Health.

Section 3

INTERNAL ADMINISTRATION OF COUNTY HEALTH UNIT

AUTHORITY OF COUNTY HEALTH OFFICER

The health officer has complete supervision and is responsible for all the work done by subordinate personnel in the county health unit. He assigns such duties to them as he may deem fit. He is held accountable for the conduct of his department and all the health activities carried on in his area of jurisdiction. The health officer should devote his major efforts to problems of an administrative character and those requiring professional knowledge and skill. Likewise, the nurse should be occupied with professional duties incidental to the nursing program and the sanitary officer should direct his attention to problems of sanitation. Members of the staff are expected to assist other members in the conduct of work without in turn neglecting the particular field to which they are assigned. Before making assignments, however, care should be exercised to see that the person possesses the necessary professional knowledge to do the assigned work efficiently.

Personal Liability of the Health Officer. As a general rule the health officer is considered an administrative officer exercising a governmental function and is not personally liable for acts performed in the reasonable exercise of his powers and duties and within the scope of

his office.He is expected to be well informed on the state public health laws under which he is operating and to use good judgment at all times in his actions. He is responsible for the professional acts of the personnel working under him when the work is carried out according to his instructions and under his direction.

HEADQUARTERS The headquarters of the county health unit shall be located in the county seat unless there exists some particular reason for its location elsewhere. If suitable rooms cannot be secured in a public building such as the county court house, it may be necessary to rent private quarters. In case this is necessary, such rent may be chargeable against the contingent fund.

Office and Clinic Equipment. The office furniture and clinic equipment and other material to be used in the health unit should, if possible, be purchased with local funds.In case the unit is discontinued property purchased by local funds will remain the property of the county, to be disposed of according to the desires of the county commissioners. Property purchased through state and federal funds and supplied to the unit will remain the property of the state and disposed of according to the desires of the State Health Officer.

A health officer should prepare an inventory of all unexpendable equipment and material in his office and clinics and designate thereon that which was purchased with local funds and that which was purchased with state and Federal funds. This inventory should be kept current and be on file in the office of the county health unit at all times.

PERSONNEL REGULATIONS Before being employed each applicant should undergo a physical examination, and if possible, this examination should be repeated at least each year thereafter. All employees should be immunized against those diseases for which definite immunization measures are approved and administered by the county health unit.

Conduct. Each member of the health unit shall conduct himself or herself in such a manner as will reflect favorably on the unit. Members of the unit should not criticize publicly or otherwise the professional competence or the personal character of other members of the health unit.

Residence. All employees of the health unit must live within the area served. The health officer should maintain his residence in the town where the health unit is located, if at all possible.

The residence address of each member of the staff with his telephone number should be on file with the county health unit. The office personnel card should contain the name and address of the nearest relative with whom to communicate in case of illness, accident or death.

Hours of Duty. The usual hours of duty are from 8:30 A.M. to 4:30 or 5:00 P.M. with one hour off for lunch; Saturday 8:30 A.M. to 12:00 noon. A general rule which may be followed in this regard is to arrange hours of duty for the health unit to coincide with the hours of duty of personnel employed in other phases of the county government. Lunch hour for office personnel should be staggered so that some employee will be on duty at all times during the day.

All personnel attached to the health unit should report to the office in the morning before going into the field and in the afternoon before returning to their residences when working schedules will possibly permit.

Dress. No special dress is prescribed for any of the workers except nurses. They are required to wear regulation uniforms approved by the State Board of Health (see also page 119). All other employees are expected to keep themselves neat at all times.

Grievances. Whenever a subordinate person in the department feels that he is being unjustly treated or does not agree with the policies pursued, he should bring these grievances to the attention of the health officer. If a satisfactory adjustment cannot be made, then the health officer or the party involved may have the right to bring the grievances to the attention of the Director of Local Health Service. In the case of subordinate personnel such grievance may be brought to the attention of the Director of Local Health Service only through the county health officer. Complaints of this nature must be stated in writing.

STAFF CONFERENCES The holding of staff conferences is desirable and if properly conducted should be of benefit to all members of the staff. In small units, probably twice monthly is sufficient, but in the larger units the frequency should not be less than once a week. These conference meetings should be pre-arranged and scheduled at a time which will least interfere with field activities.

CORRESPONDENCE All correspondence concerning business with the State Board of Health should be made over the signature of the health officer. The county health officer should not correspond with outside participating agencies concerning finances or policy, but should make request for desired information from these agencies through the Director of Local Health Service. All official correspondence of the county health unit to the bureaus and divisions of the State Board of Health, except requests for laboratory supplies, morbidity report cards, and requests for biologicals should be mailed to the Director of Local Health Service.

REQUEST FOR SPECIAL SERVICES Request for special services involving the presence in the county of any one connected with the State Board of Health should be to the Director of Local Health Service by the health officer. The need for the service should be anticipated, thus allowing the person rendering the service

reasonable time to arrange his itinerary. Whenever a representative of the State Board of Health is to visit a county health unit for special service, notice of each anticipated visit should be sent to the health officer. This procedure will save time both for the central staff and for the county health unit personnel.

FRANKING PRIVILEGE Use of the mail franking privilege by county health officers when appointed as Assistant Collaborating Epidemiologist will be permitted for the following purposes only:

1. The collection of reports of notifiable diseases where such reports are in turn to be made available to the United States Public Health Service

2. The querying of morbidity reports for additional data where necessary, including the use of the penalty privilege for return reply.

3. The forwarding of reports of notifiable diseases from the county health unit to the State Board of Health where such reporting is in turn to be made available to the United States Public Health Service.

4. The forwarding of narrative, statistical, financial and other reports to the State Board of Health where such reports are to form the basis of reports required of the State Board of Health by the United States Public Health Service in connection with the social security program.

5. The dissemination of information issued by the United States Public Health Service and bearing its imprint, relating to the cause, treatment and prevention of disease.

6. Gathering of information in connection with special investigations or studies, authorized or approved and supervised by the United States Public Health Service, the results of which

are to be submitted to the Service.

7. The use of the penalty privilege for the forwarding of laboratory specimens, specimen containers, reports on laboratory examinations, state and local health department literature, circulars and correspondence other than that previously discussed in these instructions IS A VIOLATION of Postal Laws and Regulations which may subject the offender to the penalty.

RECORDS AND REPORTS In order that the State Board of Health and the contributing agencies may be kept informed of the activities carried on in the counties, it is required that each worker make daily reports of the services rendered. These individual reports are consolidated into monthly reports for the files of the county health unit and to be submitted to the State Board of Health. Forms for submitting reports are prepared and supplied to the county health unit by the State Board of Health. The health officer should acquaint himself with all forms supplied by the State Board of Health. The reports required by the State Board of Health are listed below:

Daily Reports. All members of the health unit with the exception of the clerk should keep a daily record (Form CHW 10) for his or her activities in accordance with the code used on the monthly report form. These forms are supplied by the State Board of Health.

Weekly Morbidity Reports. The health officer is required to collect morbidity reports from the physicians in the county through the use of

the frank card and submit the same to the State Board of Health. These reports should be in the offices of the State Board of Health not later than Monday morning of each week.

Monthly Reports. These include the following:

1. PROGRESS REPORTS. A progress report of all activities is compiled at the end of each month on Form CHW 11, which is supplied by the State Board of Health. One copy is to be kept on file in the county health unit office. Two copies are to be mailed to the State Board of Health so as to reach the central office not later than the 5th of the month following the period covered by the report.

2. VENEREAL DISEASE REPORTS. Monthly reports on the activities carried on in the venereal disease clinic are to be submitted on Form 8954-A revised, January 1, 1940, at the end of each month. This report likewise should reach the central office not later than the 5th of the month. Monthly reports of infected selectees under treatment are to be submitted on Form VD-5.

Annual Report. An annual narrative report of all activities of the health unit should be prepared each year for distribution throughout the county. Copies of the report should be submitted to the Bureau of Local Health Service, State Board of Health Library, the county health unit libraries, and all college and university libraries in the state.

PUBLICITY

The declaration of policies and the release of all press articles is the function of the local health officer. Other personnel attached to the unit are privileged to write articles, but they must not be released

until they have been approved by the health officer. Reporters requesting interviews from subordinate employees should be referred to the county health officer.

LEAVES OF ABSENCE

Annual Leave. During each fiscal year fourteen days annual leave will be granted with full pay. In case the person is employed for less than a year then he shall be allowed leave at the rate of one day per month for each month employed. Absences while attending professional meetings are not chargeable against the annual leave. A request for leave of the health officer should be made in writing to the Director of Local Health Service. A request for leave of absence by subordinate personnel shall be made to the county health officer and must not be taken without his permission.

Sick Leave. A total of fourteen days sick leave with full pay may be allowed during each fiscal year provided employee has been in service at least twelve months. Sick leave is granted to an employee only in case of personal illness. In case the person has been employed for a period less than a year, then he shall be allowed sick leave at the rate of one day per month for each month of employment. Leave of absence necessited because of illness of relatives will be granted without pay unless the loss is deducted from annual leave. Sick leave is not accumulative.

Leave of absence necessitated because of personal illness in excess of fourteen days may be granted with pay by the State Health

Officer upon recommendation to him in writing by the Director of Local Health Service.

Without Pay. A person may be granted leave of absence without pay whenever in the judgment of the health officer the request seems valid. All leaves taken by the health officer must be authorized by the Director of Local Health Service and approval should be obtained from the county commissioners.

Reporting Leaves. The health officer must report all leaves of absence to the Director of Local Health Service and likewise the return to duty.

HOLIDAYS

The county health unit should recognize the same holidays that are recognized by other branches of county government. Holidays must not interfere with caring for emergencies. These must be met regardless of the time when they arise.

Section 4

THE COUNTY HEALTH UNIT BUDGET

State and local funds of each health unit are deposited with the State Treasurer, and disbursed on approved vouchers to the State Comptroller, who issues all warrants. Each health unit has an individual account. However, Federal funds -- United States Public Health Service and Children's Bureau — are not transferable into these accounts, but remain in their respective accounts, and are disbursed on their own vouchers. For example, if medical and dental fees budgeted from Children's Bureau funds are not used, they do not carry over as a credit into the next fiscal year, but revert back into the general unexpended Federal funds. Unexpended balances in either state or local accounts will carry over to the next fiscal year and may be credited to the new year's budget.

Items budgeted under "State" Venereal Disease are charged directly against a separate account designated as "State Appropriation for Venereal Disease Control".

Probably the most confusion in financing health units is brought about by the difference in fiscal years; state and Federal begin July 1

and end June 30, while the county year starts October 1 and ends September 30. If cities participate, their fiscal years begin November 1. The State Board of Health has to conform to the state and Federal years. Consequently there are three months -- July, August and September -- which need to be adjusted. If changes in local appropriations for a new year are contemplated the confusion may be avoided by a revision of the budget in October. Changes in salary or other items paid in whole or in part from local funds cannot be made until the budget is approved by the local appropriating bodies, as of October 1. Revised budgets showing state and Federal allottments will be sent to county health officers in July. The health officer may then set up a tentative budget showing changes in local appropriations and present it to the county board of commissioners and other appropriating bodies. The second revision of the budget is made when the amounts of such local appropriations are definitely known and agreed upon by all parties.

PAY ROLLS

Because each person has to send requisitions to the State Comptroller for monthly salaries, forms are mailed to each unit in time to be signed and returned so they may accompany the pay rolls to Tallahassee. On account of changes which are likely to occur most every month, pay roll information is requested by the State Board of Health of the health officers of each unit showing the following information:

NAME	POSITION	PERIOD WORKED	RATE
John Doe	Sanitary Officer	July 1 - July 15	$150.00

It is important to write under "Period Worked" the actual time; for instance,"July 1 to 15, inc." or "July 16 to 31" as the case may be. If only the number of days is put down, there would be no way for the accounting division of the State Board of Health to certify to the State Comptroller which days were worked.

It is essential that counties and cities send in their commitments early enough in the month to insure proceeds being reported to the State Treasurer in time to take care of the current salaries. Where counties and cities remit quarterly in advance it insures that salaries and bills will be paid when due.

TRAVELING EXPENSES No traveling expenses of any kind will be honored by the State Comptroller unless requested on forms prescribed by him. The maximum amount allowed for travel (which is really only for automobile expenses) is designated in the budget for each individual entitled to such allowance. Mileage is turned in for this in space provided on the traveling expense account forms and five cents a mile is allowed. However, if during one month a person did not travel enough miles,

which at five cents per mile would make one-twelfth of amount allotted and the next month or some subsequent month the mileage would go over, then the credit which had accrued could be absorbed, and this could be repeated, provided that the total amount for the year does not exceed the budget provision.

MISCELLANEOUS BILLS
ACCOUNTS PAYABLE

Invoices should be rendered in triplicate, checked and approved and sent to the Director of Local Health Service who turns them over to the Accounting Division. Original invoices go to the State Comptroller, one copy is filed in the Auditor's office, and the third copy is used to accompany warrants, which will be mailed to the units as received from the Comptroller. The Comptroller issues warrants for invoices only — never anything showing "Balance" or "Amount Carried Forward".

Accounts payable should be recorded on the form illustrated below:

ACCOUNTS PAYABLE

NAME (Vendor) ADDRESS

DATE OF INVOICE	DESCRIPTION	AMOUNT	DATE SENT AUDITOR	DATE WARRANT RECEIVED	WARRANT NUMBER	AMOUNT	DATE WARRANT TO PAYEE

PROFESSIONAL FEES A special form is provided to requisition MCH medical and dental fees and another for VD medical fees. These bills are made up from time sheets kept by the county health units and certified as correct by the health officer. They must be approved by the Director of the Bureau of Maternal and Child Health or of the Division of Venereal Disease Control, as the case may be, before payment is authorized.

PART II

PROCEDURE

Section 1

ESTABLISHING THE COUNTY HEALTH UNIT

The health officer must have a well developed conception of the health needs of the county and the organization required for its attainment. The current as well as the future program must be prepared in detail and sufficiently localized that each community group is aware of the services it may receive,as well as the part it should take in the execution of the health unit's program. There follows some routine suggestions in establishing the new county health unit.

THE COUNTY COMMISSIONERS

1. Visit each county commissioner before the first regular session to get acquainted.

2. Attend the first regular session and discuss budget, supplies, fixtures, etc.

3. Meet with the county commissioners once each month and give a five or ten minute verbal report of activities of the unit. This is very important. Also give some kind of a report monthly to the school board and the medical society whenever possible.

4. Visit other municipal officials soon.

5. Visit and sell yourself thoroughly to the county superintendent of public instruction.

THE PHYSICIANS AND THE DENTISTS

6. Inquire of president or secretary of local medical society for names of special health committees, and visit each member. If there is no committee ask for one to be appointed.

7. Visit each physician and dentist as rapidly as possible.

8. Attend all medical meetings, and of course, be a member in good standing at all times. Join the American Public Health Association and receive the JOURNAL -- $5.00 per year includes membership in the Florida State Public Health Association.

THE CIVIC ORGANIZATIONS, HEALTH, AND WELFARE GROUPS

9. Lose no opportunity to meet with any and all groups and sell your program. Contact adult Negro groups at their churches.

10. Organize your local men's and women's clubs to sponsor some health activity, for example: Lions Club -- glasses for indigent children; Kiwanis Club -- milk for underprivileged children; Women's Club-- sponsor a fund to provide tonsil and adenoid removal for indigent children. Cooperate with local American Legion Post in care of crippled children and the Red Cross for care of pellagra cases.

11. Cultivate all allied health agencies and secure coordinated, integrated and cooperative participation -- Red Cross, American Legion, luncheon clubs, welfare groups, etc. (An index card on each should be kept and this should include the name of the organization, the chief interest, officers and leaders).

12. Plan a tuberculosis program with representatives of the tuberculosis and health association, local and state; also with the local physician doing county tuberculosis and chest work. If the county has no tuberculosis and health association, ask the Florida State Tuberculosis and Health Association to assist you.

THE COUNTY-WIDE PUBLIC HEALTH COMMITTEE

13. Organize white and colored county-wide health committees. Help in organizing such committees may be obtained from the Public Relations Consultant of the State Board of Health (see also page 54). These committees should be made up of at least one representative of all civic, religious, politic, educational, professional, social and volunteer organizations and groups. Have a thorough organization of the committees and emphasize sub-committees of public health nursing.

The health officer who is entering the field for the first time must soon learn that to attempt to carry the whole health program himself without support and cooperation of the people of his community is but to fail. As soon as practical every community of any size in the county should have a public health committee composed of the leading and most influencial citizens. Later from these local committees an advisory council should be chosen and should meet frequently enough to keep well informed of the aims and progress of the program of the health department. It has been found to be convenient and practical to have this advisory council be a committee affiliated to the State-Wide Public Health Committee. The county health officer should keep in mind, however, that these councils and the public health committee are to act only in an advisory and not in an administrative capacity.

14. Have regular meetings with county public health committee to make progress report for previous three months and report plans for future programs.The sub-committees (public health nursing, sanitation, tuberculosis, etc.) should make reports at these meetings.

THE HEALTH UNIT'S ACTIVITIES

15.Use local physicians and dentists in prenatal,maternal, infant and pre-school activities whenever possible as consultants and clinicians, and pay them from budget for time of service each month.

16. Keep all school hygiene activities in the health department if possible, and do physical examinations. Ask for cooperation of medical society in doing immunizations and tests.

17. Procure from the State Board of Health maternal and infant mortality, and morbidity rates for the county covering the last five year period.

18. Procure morbidity and mortality rates on all communicable diseases for a similar period.

19. Be punctual at the office and observe regular office hours as strictly as possible. Let your secretary know where you can be reached when out of the office.

20. The health officer and entire staff must keep appointments punctually and keep no one waiting.

21. Arrange schedule of work with staff, fitting into the greatest needs for the county as a whole and seasonal needs.

22. Have sanitarian and nurses assist in making detailed sanitary survey of the entire county.

23. An efficient secretary-clerk is very important; you should secure one who is loyal and qualified under the Merit System. The Bureau of Local Health Service will send a trained consultant to instruct the

secretary and clerk in every phase of her work on request.

24. Insist that each member of the staff make daily report of activities to know what each is doing and to facilitate making of monthly reports.

25. A complete set of standard sanitation, school, and contagious disease forms are provided by the State Board of Health; also forms for prenatal, infant and preschool activities, family folders, etc.

26. A complete filing system is very important.

CORRECTING SANITARY CONDITIONS

27. The sanitary officer should be detailed to the State Board of Health headquarters for a day or so prior to beginning work, in order that he may secure proper instruction concerning material and forms to be used in connection with sanitary matters covered by state regulations. A consultant in sanitation problems is available from the Bureau of Sanitary Engineering.

28. Have sanitarian consult city authorities and explain his program of inspection; and before cracking down on some dirty restuarant, meat market, or other place, have him be sure the city officials understand and are in favor of same.

29. Exercise drastic means of correction of insanitary conditions, enforcement of quarantine, etc., only after every educational effort has been made to secure cooperation and not then unless the local officials have understood and approved.

30. Do not take any health law violator to court, except as a very last resort, and then only upon advice and assistance of the county attorney, or city attorney in the case of a city violation, and call upon the State Board of Health for assistance.

PUBLICITY

31. Cultivate news reporters and take them into your confidence. They are most helpful.

32. Keep public informed of activities — prevalence of contagion, etc., through the press. Use tact and do not frighten public (unnecessarily), but wholesome concern of public highly desirable. Educational articles. (See also page 60).

Section 2

RELATIONSHIP AND RESPONSIBILITY OF THE COUNTY HEALTH UNIT TO OTHER OFFICIAL AND NON-OFFICIAL AGENCIES

COUNTY — The county health officer is responsible to the citizens of the county through the county commissioners and local health council or board of health for the proper performance of all health functions, for the official conduct of personnel, and for fiscal matters coming within his jurisdiction.

STATE — The county health unit is responsible to the State Board of Health for the enforcement of state laws, rules and regulations promulgated by the State Board of Health and for the performance of services in accordance with the state plan of work. Beyond this, the state is a consultation and contributing agency reserving the right to require that competent, qualified persons be employed and that reasonable service be rendered for the money expended.

SCHOOL BOARDS — Performance of the usual school hygiene activities such as sanitation of school buildings and grounds, examination of school chil-

dren, immunization and control of communicable diseases is considered an important function of the county health unit. The health officer should present his program to the local school authorities and secure their approval except for activities in connection with control of contagion and abatement of nuisances. Where the school board employs a physician on a full-time basis the county health officer should seek to cooperate with him to the fullest extent and work out a school program satisfactory to both parties.

LOCAL NON-OFFICIAL CONTRIBUTING AGENCIES

All official relations of such agencies with the county health unit must be through the local health council or the county board of health. Such agencies cannot exercise legal or administrative control over the health unit. They can, however, exercise the right of requiring reasonable service in return for the money contributed to the budget, report of activities, and a statement of expenditures.

INDEPENDENT HEALTH AGENCIES

Whenever possible, the work of all health agencies operating in the county should be consolidated under the direction or at least the general supervision of the county health officer. If such a condition cannot be brought about, unification of effort may be obtained by a council of health agencies and through a division of activities. Care must be taken that certain duties, required by law to be carried

out by the health officer, are not usurped by an independent, non-official agency.

WELFARE ORGANIZATIONS

Welfare problems and health problems are so closely related that the solution of one will often lead to the correction of the other. The county health officer should limit his program to the field of preventive medicine, but make every effort to cooperate and work in harmony with the county welfare board and its local organization.

Crippled Children's Commission. The county health unit should act as a case-finding agency for this organization and assist in every way in making successful the clinics held by this organization. Transportation of patients to and from these clinics should be delegated to residents in the community and should not be required of the trained personnel of the county health unit except when absolutely necessary.

MEDICAL SOCIETIES

The members of the medical profession either as individuals or as a society, have the right of any other private citizen and can act as such in enforcing their desires. But since health work is closely related to the practice of medicine and allied professions, it should be performed in full cooperation with these professions.

The health officer, however, must bear in mind that he is charged by law with the protection and promotion of public health, and the county health unit was organized in order that this function might be carried out to better advantage. A sympathetic understanding with this point of view must be developed in the medical profession so that each organization may supplement the other in accomplishing this purpose.

Section 3

PROGRAM PLANNING FOR THE COUNTY HEALTH UNIT

There are many factors of importance to the success of any health department, such as adequate financing, properly trained personnel, and cooperation with the people of the community. But more important than these is a carefully planned program, and its execution, regardless of the size of the department or the conditions under which it operates. Little of importance can be accomplished unless a definite program is projected and schedules arranged for the various personnel.

KNOWLEDGE OF LAWS AND REGULATIONS

In order to carry out any type of program the health officer must first familiarize himself thoroughly with the laws and regulations governing the state under which he must operate, so that he may readily determine how far he may go under legal protection in the performance of his duties. To fail to do this may lead to a great deal of embarrassment.

The prosecuting attorney of the county is the legal advisor of the health officer, and he should be consulted in all matters where court action is contemplated, before such action is taken.

COORDINATION BETWEEN OFFICIAL AND NON-OFFICIAL AGENCIES

If a health officer is taking charge of a county or district in which a health program has been carried on prior to his appointment, he should be very careful to ascertain the relations that have existed between the health unit and other organizations in the county. These relationships may not be sound, and it may be desirable to change them, but care must be taken not to change them too rapidly -- at least not until the health officer has had an opportunity to study why such arrangements have been entered into.

If the health officer is taking charge of a county in which there has been no full-time health services prior to his appointment, then he should get in touch with the different organizations and establish some kind of a working relationship with them.

KNOWLEDGE OF THE COUNTY

The health officer cannot know too much about the county in which he is working but there are certain factors which are absolutely essential that he have in mind before attempting to draw up any type of program. A few of these essentials are:

1. Area and topography
2. Population and subdivision such as color, race, etc.
3. Taxable properly and the approximate amount of taxes collected from year to year.

4. Law enforcement agencies.

5. School officials.

6. Civic groups and other organizations such as women's clubs, parent-teacher associations, Kiwanis, Rotary Clubs, etc.

7. Private organizations such as Red Cross, Women's Field Army and Tuberculosis Association.

8. Number of school children in the grades and in the high schools.

9. Number of schools and their distribution in the county.

10. Number of physicians and dentists in the county and their distribution.

11. County public health committee chairmen.

HEALTH PROBLEMS Before any definite program can be planned the health problems of the area in which the health unit is operating must be determined. There are several ways in which a rough idea may be had of the situation. These are as follows:

1. Survey. A survey may be made to determine the public health problems, but often time and personnel does not permit such procedure; although if possible, it is highly desirable. It may be that a survey has been made in years prior to the establishment of the health unit and this may be available to the health officer for study.

2. Morbidity and Mortality Rates. A study of the morbidity and mortality rates is the usual method of determining the problems in a county. This information may be obtained through the State Board of Health.

3. Conferences with Physicians and Other Groups. Some information may be obtained through conference with physicians or

interested lay groups of people in the county, but too much dependence should not be placed on this source of information. Their opinion should be received and given due consideration, but the health officer must remember that the responsibility is his and the authority is delegated to him to plan and carry out his program according to his own judgment after a thorough study of the situation.

METHODS IN PROGRAM PLANNING There are several important items to be considered in program planning and these are listed below:

1. Sanitation. The items which must be given consideration and a definite program worked out for their control are as follows:

a. Water (see page 186)
b. Milk (see page 202)
c. Sewage Disposal (see page 193)
d. Sanitary Environment (see page 181)

2. Diseases with High Mortality Rate. Diseases such as syphilis and tuberculosis must be given serious consideration, and a definite amount of time should be allocated to their control in any public health program.

3. Diseases Common to State of Florida. Diseases such as malaria, hookworm, which although they do not have a high mortality rate affect large proportions of the population of many Florida counties, must also be given serious consideration, and an apportionate amount of time allo-

cated to their control in every public health program.

In planning any program of procedure the following items should be kept in mind:

1. The program should be planned on a long term basis with a definite objective in view.

2. The program should be balanced in each community so that the major health problems therein be given a definite amount of time in proportion to their importance.

3. The program should be put in writing and all staff members should have a definite knowledge as to the program and the objective in view.

4. Allowances should be made for emergencies, vacations, attendance at meetings, etc., in planning schedules in connection with any program.

5. Care should be taken so as not to plan a program in excess of the staff and funds available to carry it out.

6. Regular staff meetings should be held so that each member will be able to discuss his part in carrying out the program and to present his problems. The health officer should not try to assume all the responsibilities for carrying out a program, but he should delegate to each member of the staff a certain amount of this responsibility in accordance with his training and hold him accountable for its successful completion. It has been found that staff meetings bring about more harmony in the department and will secure closer cooperation.

Section 4

VITAL STATISTICS

BUREAU OF VITAL STATISTICS The function of the Bureau of Vital Statistics is the collection, indexing and analyzing of records of births, deaths, marriages and divorces.

Births, under the law, must be reported by the attendant within ten days after the birth. Death certificates must be filed by the undertaker, or person who acts as undertaker, with the local registrar of the district in which the death occurred before disposing of the body, either by burial or removal.

Marriages are reported monthly by the various county judges who send the original marriage licenses to the Bureau of Vital Statistics. Divorces are reported monthly by the clerks of the circuit courts by mean of a memorandum.

A new function of the Bureau of Vital Statistics is furnishing the Social Security Board with proofs of death of persons who die with

a Social Security number.

The indexing and analyzing of the various records which are handled by the Bureau of Vital Statistics requires the work of the larger part of the office force and to complete the indexing and analyzing of these reports requires something over a year; also, the books in the Bureau of Vital Statistics are not closed until three months after the end of the year. Therefore, the Bureau of Vital Statistics is never able to furnish the county health officers with complete analyses of the county records in time for their annual report. However, if the county health officer has preserved and indexed his own records, which he obtains from the local registrars in his county as soon as the state office receives the original records, he should have all the information necessary for completing the statistical part of his report.

HEALTH OFFICER'S PART IN REGISTRATION OF BIRTHS AND DEATHS

It is the duty of the health officer and to his interest to do everything in his power to assist the Bureau of Vital Statistics and its representatives to accomplish complete, accurate and prompt registration of births and deaths. He can do this by:

1. Educating the doctors and midwives (or the father, if the birth was unattended) of their legal obligation to file with the local registrar of the precinct in which the birth occurred a birth certificate completely and accurately filled out with unfading black ink and filed within ten days after birth.

2. Educating the undertaker or the person who acts as such of

his legal obligation to file with the local registrar of the precinct in which the death occurred or the body was found, a death certificate completely and accurately filled out with unfading black ink before the body is buried and obtaining from the local registrar a burial-removal-transit permit.

3. Educating the public to the necessity of having birth and death certificates on file and its right to demand the filing of such certificates by the persons legally obligated thereto.

4. Reporting to the local registrar or the Bureau of Vital Statistics births and deaths believed not to have been filed.

5. Assisting the local registrar or the Bureau of Vital Statistics in obtaining information which should appear on birth and death certificates.

HEALTH OFFICER'S EARLY KNOWLEDGE OF VITAL STATISTICS

In order that the local health officer may have the benefit of early knowledge of births and deaths occurring in his county, a procedure has been put into effect whereby the local registrar sends to the county health officer a transcript of all births and deaths filed with him. The steps of this procedure are as follows:

1. The county health officer must first be appointed by the Bureau of the Census as a Spcial Agent.

   This is accomplished by means of a request transmitted by the State Health Officer to the Bureau of the Census. If a county health officer has ever been appointed to this position, the appointment holds good even after a change of location. The county health officer should notify the State Health Officer immediately on assuming office if he has previously held such appointment, no matter where or when.

2. The local registrars are furnished by the Bureau of Vital Statistics with a record book so arranged that a carbon copy

of each certificate is made at the time of recording in the local registrar's record book, and this carbon copy which is perforated is torn out and mailed to the county health officer in self-addressed, franked envelopes which should be delivered to each local registrar by the county health officer.

Ordinarily the transcripts are mailed to the county health officer each month at the time the local registrar sends the original certificates to the Bureau of Vital Statistics. The county health officer may, however, obtain these transcripts at more frequent intervals, if desired, by sending for them, using a nurse or other member of his staff for this purpose. The franked envelopes are furnished to the county health officer by the Bureau of Vital Statistics after his appointment as Special Agent of the U. S. Bureau of the Census.

3. Such information is of no value to the county health officer unless it is complete and is filed in such a way as to be available to him.

In order that the county health officer may know whether or not he is receiving reports from the local registrars, he is furnished with a form prepared by the Bureau of Vital Statistics containing the names and addresses of all local registrars in the county. This form is so ruled that he may check each month opposite each local registrar's name the receipt of reports from the local registrar.

The local registrars are instructed not only to send transcripts but if during a month, no certificates have been filed with him, to send a "No Report" card to the county health officer. The county health officer should be able to show on this form any failure of any local registrar in any month to send a report to him. If a report is not received from each registrar each month, the county health officer should inquire of the local registrar the reason and if such a condition persists after such inquiry, he should report the fact to the Bureau of Vital Statistics.

The filing of the transcripts is a matter of great importance. No general rules can be given as to methods of filing. If the county health officer desires suggestions as to methods of filing, these will be gladly given by the Bureau of Vital Statistics.

VITAL STATISTICS AVAILABLE FROM BUREAU OF VITAL STATISTICS

Vital statistics information with regard to the county is available to the county health officer either from

1. The annual report published by the Bureau of Vital Statistics, or from
2. Special statistical reports compiled at the request of the health officer.

In the case of the annual reports, the number of deaths from all causes in each county are listed, but county rates are not given. However, since the county populations are shown, it should be possible for the health officer to figure the rates.

If the procedure outlined above has been followed, the county health officer has in his own files as much information as would be available from the Bureau of Vital Statistics at the close of each year.

Section 5

ENFORCEMENT OF NARCOTIC LAWS, DRUG STORE REGULATIONS AND REGISTRATION OF PHYSICIANS

BUREAU OF NARCOTICS

The Bureau of Narcotics of the State Board of Health is charged with the enforcement of the Uniform Narcotic Drug Act, State Drug and Sign Act, and medical and other healing arts laws. The Bureau also registers physicians and other practitioners of the healing arts, and wholesale and retail drug houses.

The Bureau cooperates with the Federal Bureau of Narcotics in the enforcement of all narcotics laws, state and Federal, with reference to the sale, possession, dispensing and prescribing of narcotic drugs for legitimate medical use only. It is the duty of this office to investigate all complaints with reference to the use of narcotic drugs, operation of drug stores where duly licensed pharmacists are employed, hospitals and any other places where drugs and narcotics are sold or offered for sale.

The Bureau investigates the use of narcotics where same are not used in the legitimate practice of medicine, and causes the user to refrain from further use or commit to an institution for cure.

The Bureau inspects all drug stores or places where drugs are sold or offered for sale; it is the duty of this Bureau to see that all compounding of physicians' prescriptions are by or under the personal supervision of duly licensed pharmacists; it is the duty of this Bureau to see that all places displaying drug signs, pharmacy or any other display or declaration that would tend to lead the public to believe that a drug store or pharmacy is being operated,is operated by or under the supervision of a duly licensed pharmacist.

The Bureau issues State Licensesfor the operation of drug stores and issues narcotic licenses to pharmacists. The Bureau approves or disapproves with the Federal authorities any hospital or places where narcotic drugs are used or possessed, such as wholesale drug and manufacturing places using narcotic drugs in the manufacture of preparations that contain narcotic drugs.

The Bureau investigates and causes the criminal prosecution of sellers of narcotics and marihuana. This phase of the work represents about seventy-five percent of the Bureau's field work.

COOPERATION OF COUNTY HEALTH UNITS

County health officers and other employees of the county health units can cooperate with the Bureau of Narcotics by informing them of any person who is practicing medicine without a license, or

is suspected of violating the narcotic laws, or any of the other laws charged to the enforcement of this Bureau.

All county health unit officers in accepting the cooperation of medical men should make sure that such persons are duly qualified to practice any of the healing arts by communicating directly to this Bureau. All complaints or information received by this Bureau will be kept strictly confidential.

The Bureau of Narcotics is also in a position to conduct confidential investigations of persons for any county health unit officer, with the approval of the State Health Officer and under his direction. Such requests should be made directly to the State Health Officer.

Section 6

PUBLIC RELATIONS

Public relations, the dynamo of private industry, is even more essential in the operation of public services, especially health departments. Public health, because it is financed by tax money, creates a situation wherein the public is the employer and the health department the employee.

The public, as the employer whose money is spent to pay for public health salaries and services, must be shown that the investment yields dividends in actual saving of dollars and cents as well as in alleviation of human suffering and reduction of deaths.

It is not enough to say to the public "Prevention is cheaper than cure", or confront them with the well-worn phrase, "Public health is purchasable". They must be shown why this is so. They must be made to want to purchase prevention.

GOOD AND BAD RELATIONS

Important as public relations is to a state health department, it is even more important to the county health unit. Being the front line service the county health unit has a close and continuous association

with the people served. It is, therefore, necessary that the county health unit develop its public relations program in the most effective manner possible.

The purpose of this section is to suggest to health units a few generally accepted methods of good public relations. Assistance with specific problems will be furnished upon request addressed to the Director of Local Health Service, attention of the Public Relations Consultant. The following is also available from the State Board of Health:

1. Consultation services in dealing with specific local problems of public relations and the county health committee.
2. "ABC's of Preparing Newspaper Copy"
3. "Telling the Community" (publicity article)
4. "Manual for State-Wide Public Health Committee"
5. "The Health Situation in Florida", American Public Health Association report, 1939
6. Assistance in planning local bulletins.
7. FLORIDA HEALTH NOTES sent to any citizen who requests it.
8. Suggested constitutions and by-laws for county committees.
9. Agenda for county committees for organization meetings.
10. Radio scripts (will need revision to suit local needs).

BUILDING PRESTIGE A health officer's prestige in the community depends upon what the people of that community think and say about him and his program. One

of the surest ways to create friends for the health unit is to recognize the efforts local people make in behalf of its health program. Even if it is the health officer who has done the actual work, as is frequently the case, the diplomatic thing for him to do is give the credit to some local organization. This serves a twofold purpose: it makes the person or organization take a keener interest in the health unit; and it lessens the danger of overpublicizing the health officer.

OFFICE SECRETARY

The office secretary in the health unit holds a key position insofar as the public is concerned. Frequently the public's contact with the health unit does not go beyond a conversation with the office secretary, either by telephone or during a personal visit. The unit is judged by her behavior.

HEALTH OFFICER RESPONSIBLE

The health officer is personally responsible for the public relations program carried on by his health unit. It is the health officer who develops local policies and who delegates individual responsibility for various phases of public relations. There can be no exception to this rule since the health officer must accept with equal grace either the praise or condemnation for work performed by any member of his staff.

The County Public Health Committee

It has been said that the success of failure of the public health program depends upon whether or not there is intelligent participation by lay people. Yet despite the fact that increased public health appropriations and hence expanded programs depend upon sympathetic understanding of the public, many health units have not effectively acquainted the public with the aims and purposes of their service.

The county public health committee is one of the best ways to supervise intelligent participation of lay people. Each county should have an aggressive public health committee affiliated with the State-Wide Public Health Committee. Because this organization is composed of volunteers who receive no remuneration and owe allegiance only to the public, its members can do and say things it may be impossible or impractical for the county health officer to do or say.

The county health officer who develops his committee carefully in accordance with certain tested procedures should have his efforts richly rewarded. Each health unit should have several copies of the "Manual for Florida State-Wide Public Health Committee". Additional copies are available upon request to the State Board of Health.

SIZE OF COMMITTEE — The strength and effectiveness of the county public health committee depends upon the size of its membership. It is not too much to set a

membership goal of two percent of the county's population.

SOURCE OF MEMBERSHIP — The county tax roll might form a basic list for securing membership prospects for the county public health committee. Other sources from which prospective members may be secured include the county home demonstration agent, county school superintendent, the presidents of women's clubs, parent-teacher associations and other civic organizations, school principals, ministers and lodges.

SELECTIVE MAILING LIST — For direct-by-mail releases the county public health committee roster serves as a selective mailing list.

MEETINGS — Since most counties even the smallest and most rural have more meetings than people will attend, it is usually wise to attempt meetings of the general membership of the county-wide committee only when there is a project or problem of widespread general interest.

BUSINESS OF COMMITTEE — Between annual meetings of the general membership the affairs of the committee may be carried on by the executive board and such sub-committees as are needed, both standing and special.

The executive board of the committee should be formed in accordance with the general suggestions contained in the "Manual for Florida State-Wide Public Health Committee". The number and kind of sub-committees depends upon the activities the health officer wishes the committee to carry on.

APPEARING BEFORE COMMISSIONERS There are occasions when interested citizens are more effective sponsors of public health at county commission meetings than the health officer would be. The health officer might profitably analyze his business with the commission and utilize the committee when possible. Even a friendly county commission likes to have this demonstration of public interest in the health unit for which they are appropriating public money.

In presenting his routine reports to the county commissioners, the health officer will make a greater impression upon the commission if he will appear before them personally instead of relying solely upon a long, written report. Five minutes, or even less, spent in telling the commission the outstanding accomplishments of the month will usually be heard and digested, whereas a written report may be filed but not read. There is no reason why the written report should not supplement the oral, however, if the health officer wishes to make one.

LEGISLATION Seldom should a county health officer seek local legislation himself, at

least not until an educational program has preceded such effort. He should plan and direct it behind the scenes but insofar as the public is concerned, the legislative projects should be the work of the committee. The county health officer should enter the scene only as an expert whose opinion is requested on technical points. By careful planning he can make sure that his opinion is requested.

CLINIC AND CONFERENCE ASSISTANCE The county health unit program should be analyzed carefully to find places where volunteers may be of assistance. The nurses can suggest innumerable opportunities for volunteer service.

In clinic or conference programs the volunteer may help secure more effective utilization of the conference objectives by disseminating at club meetings and among neighbors word of the service available to the community through the county health unit. The feminine volunteer can be useful at the clinic or conference. She may act as receptionist, may weigh and measure babies, fill out records cards, assist in assigning patients, and render many other services of a non-technical nature if the health officer's staff is small and overworked.

PUBLIC HEALTH NURSING COMMITTEE This sub-committee is very often valuable, especially where there are more than one or two nurses in the health unit. Members of this

committee should be familiar with staff education programs. The health officer and nurses alike should always make it clear to the committee members that nurses are directly responsible to the health officer.

Under the direction of nurses this committee may be used for some types of follow-up work for clinics. A member of the committee may call a mother who has failed to return to conferences with her child as instructed. A committee member may also act as a hostess at the conference, giving out literature, assisting with the dressing of the patients and keeping order. Another activity of the nursing committee could be the establishment of a loan closet, keeping it stocked with such supplies as bed pans, wheel chairs, sheets, night gowns, etc. They may assist with advice on purchase of and making of supplies.

The nursing committee will probably want to meet frequently, perhaps every month or every two months, with the nurse in attendance. The health officer may attend if he so desires.

SPECIAL PROJECTS

Some committees like to sponsor special projects for the benefit of the health unit. Once county committee secured a public subscription of $500 to provide a mobile clinic for the unit; another committee has equipped a maternal and child health clinic.

The health officer approaches money-raising projects with great care because it is easy to overdo this sort of thing. The

health officer makes the health unit's needs known to the chairman of the committee but from that point on he lets the chairman take the initiative in presenting the proposal to the committee. Otherwise, the committee members may soon get the feeling that they are being "used."

TUBERCULOSIS, CANCER, SOCIAL HYGIENE

Special tuberculosis, cancer and social hygiene committees may be formed as sub-committees of the county committee. In fact, the inclusion of these activities under the larger organization prevents duplication and promotes unification of public health thinking and activities in the community.

PUBLICITY OR PUBLIC RELATIONS

The publicity or public relations committee of the county public health committee can be very helpful to the health officer. They may secure speaking engagements before various community organizations for the health officer or members of his staff. It is very effective for such invitations to emanate from someone other than a member of the health department.

BULLETINS

Periodic bulletins may be sent to the county public health committee members. These should be as short and attractive as they are inexpensive.

HOUSING The county public health committee is very useful in securing necessary housing accomodations for the health unit. Health center quarters should be the responsibility of local or community committees rather than the county-wide committee. With the guidance of the health officer the public health committee or committees may be very helpful in promoting better housing conditions in their respective communities.

SPONSORSHIP OF PROGRAMS If the county health unit requires an organization to sponsor special programs such as the hookworm program, the county public health committee should be utilized for this purpose. The cooperation of other civic organizations should be requested by the committee. Ordinarily it should be the responsibility of the county public health committee to sponsor all health programs not arranged for prior to the committee's organization. Chief among those programs for which previous arrangements might have been arranged are crippled and underprivileged children.

The Press

A health officer's relation with the newspapers in his county must be pleasant if it is to be profitable. One of the first things he should do is visit each editor personally. He should inquire about any special rules the editor may have in regard to material submitted, for

there are almost as many different rules as there are newspapers and the health officer will profit by being familiar with as many of them as possible.

TELL WHY

The health officer should try to be sure that when he gives a story to the newspaper it is complete. He must tell why he is issuing certain orders, or why a problem is being approached in a particular manner if that story is to accomplish all it should in the way of disseminating useful public information.

KEEP THE CAUSE IN MIND

The county health officer should so write his publicity that there is no opportunity for the public to wonder whether he is promoting a cause or himself. To disregard this accepted principle of good public relations is to invite criticism that may come as quickly from the laity as it will from the medical profession.

PRINTED MATERIAL

The health officer should see that the editor of the newspaper receives copies of all printed materials issued by the health unit. Even though there is not an immediate "story" in a pamphlet, it is wise to have it in the editor's library for ready reference.

EDITORIALS The editorial page of a newspaper is regarded by the editors as sacred territory. Although it is perfectly permissible for a health officer to suggest ideas for editorials, it is poor policy to submit a prepared editorial.

NEWSPAPER ETHICS The ethics of reputable newspapers protect anything told them in confidence. It is better to tell the editor the whole story and then ask him to delete certain portions, than it is to try and skirt around the points which are not for publication. With a complete background, the editor will understand why it is advisable to eliminate certain angles. Those who do not do this, run the risk of the editor's finding out the whole story from other sources and publishing it.

PREPARING NEWSPAPER COPY A bulletin giving more details of newspaper relations may be had by writing the State Board of Health for the publication entitled"ABC's of Preparing Newspaper Copy".

The Radio

Radio is being used increasingly for all phases of public education. A good general rule to remember in regard to radio is that

it is better to stay off the air than to present a poor program. The types of educational programs that have the greatest appeal are listed in the order of popularity:

1. Drama
2. Interview, Round Table or Quiz
3. Talk

No check has been made on the reception of spot announcements but it is known that they are effective for certain types of releases, especially emergency information.

RADIO DRAMA Although listed as the most popular form of educational program, the drama is by the same token most difficult for amateurs to produce. Local production is practicable only when Little Theater or college dramatic groups are available.

INTERVIEW, ROUND TABLE, QUIZ The interview is easy to write, easy to produce and more interesting to the audience than a talk. Round Tables and Quiz programs are very difficult to manage and should not be attempted unless expert supervision is available.

TALKS It is generally agreed that unless the speaker has prestige, or the message is one of urgent appeal, there is little likelihood that a radio

talk is heard by as many persons as the sponsor imagines. The health officer would do well to confine his own talks to situations of community-wide concern.

SPOT ANNOUNCEMENTS — These are very effective in certain campaigns. They are easily prepared and easily adjusted into the station's schedule.

STATION POLICIES — As in the case of the newspaper so with the radio, each station has its own particular policy in regard to programs. The station manager should be interviewed before any plans are made for a program; otherwise much time and energy may be wasted.

EDITING — All scripts should be carefully edited by the county health officer himself and by a representative of the local medical society.

PART III

EPIDEMIOLOGY

Section 1

COMMUNICABLE DISEASE CONTROL

The county health officer is responsible for the control of communicable diseases and the State Board of Health has supervisory charge over this control. The county health officer should be familiar with the usual communicable diseases for his area and know the seasonal variation. Special local non-conflicting ordinances may be advisable for the control of communicable diseases in addition to the state regulations.

REGULATIONS — Regulations for the control of communicable diseases are outlined in the SANITARY CODE and are to be followed by health officers in instituting measures for the control of the communicable diseases. A copy of the SANITARY CODE is available through the Bureau of Epidemiology and should be in the office of every health unit.

METHODS OF STIMULATING REPORTING — (1) Every physician in the health unit's jurisdiction should be supplied with morbidity report cards and envelopes. These can be replenished as needed from the Bureau of Epidemiology.

(2) The necessary control regulations for the diseases reported should be enforced immediately upon receipt of the case report.

(3) Encourage physicians to report, by talks before medical society, personal interviews, and by submitting weekly or monthly lists of reported diseases to physicians, giving name of physician and diseases reported by him.

(4) Encourage physicians to use laboratory in diagnosis.

(5) Communicable diseases may be reported by nurses, teachers, local registrar of births and deaths, private citizens, newspapers and other sources, but these must be verified by the county health officer before they can be accepted as bona fide reports and control measures instituted.

(6) Check death certificates and see that communicable diseases are reported by the physician in attendance.

(7) A report of a communicable disease by telephone or verbal report from a physician should be accepted and the card filled out by the health worker concerned.

(8) Laboratory reports of positive findings should be used as a means of getting communicable diseases reported. Laboratory findings should be verified by clinical findings before accepting the case as a case of one of the communicable diseases.

(9) Proper utilization of information contained in case records and reports, and proper management of communicable diseases is one of the best methods to stimulate reporting by the physician.

HANDLING OF RECORDS AND REPORTS (1) The information supplied on the report card should be transferred to the local case register of diseases.

(2) Every Friday the original physician's report card is to be mailed to the Bureau of Epidemiology in the franked envelopes for that purpose.

(3) The physician's report cards should be addressed to the county health unit before supplying them to the physician.

(4) Before mailing the report cards to the Bureau of Epidemiology see that all data requested on the card are complete and the card is signed by the county health officer.

(5) Charts, graphs, maps, and newspaper material may be used from the data collected.

(6) When the weekly morbidity summary report sheet of all counties of the state is received by the county health officer from the State Board of Health, a check should be made with the local office to discover any discrepancies.

INVESTIGATIONS Upon the receipt of a report of a communicable disease, investigation should be made at once and the necessary control measures for the disease should be instituted. If the case is under the care of a private physician the health officer should consult the physician and get his permission to investigate the case and invite the physician to accompany him on the investigation. The initial investigation should be made by the health officer, but in an emergency the nurse may be detailed to make a preliminary investigation followed by the health officer later. In no case should the nurse go into the home without first contacting the physician, should the case be under the care of a physician.

FOLLOW-UP VISITS Follow-up visits should be made to cases of the major communicable diseases for the purpose of seeing that measures of isolation and quarantine are carried out as specified in the SANITARY CODE. The nurse in most instances is best suited to give instructions to the members of the family with reference to measures designed to prevent the spread of infection. Immunization clinics in the community should be established as indicated so that people may be protected against the disease present, as well as prevent them from contracting the disease from future exposures.

COMMUNICABLE DISEASES IN SCHOOLS Upon receipt of a report of a communicable disease in the school, or in the home of a school child, an immediate investigation should be made and proper measures instituted. All school contacts or suspects should be inspected; throat cultures should be taken when indicated and daily inspections made if indicated. Contacts and suspects should be handled as outlined in the SANITARY CODE. Morning inspection of children by teacher should be urged throughout the school year as a means of detecting suspicious symptoms of the communicable diseases. School authorities should cooperate closely with the health department in the control of communicable diseases.

EPIDEMIOLOGY Epidemiological case records should be completed for each of the following diseases: diphtheria, meningococcic meningitis, scarlet fever, smallpox, typhoid fever, the dysenteries, tuberculosis and others as indicated. Case records for each of the communicable diseases are available through the Bureau of Epidemiology.

Data collected should be used to determine source or origin of the infection or epidemic. Care must always be exercised against drawing false conclusions and misconstruing coincidental facts as positive evidence. For example: water supplies may show the presence of contamination and yet not contain the infecting organisms.

Assistance in epidemiological investigation of sporadic cases and investigation of epidemics may be had from the Bureau of Epidemiology upon request.

BEDSIDE NURSING CARE — No bedside nursing care is to be done by the public health nurses except for teaching or demonstration purposes.

CONSULTATION SERVICE — The county health officer is expected to be well-informed in communicable disease control and should readily respond to consultation requests of the private physician. In cases of special diseases, consultation requests may also be had from the State Board of Health or from the Umited States Public Health Service.

BIOLOGICAL SUPPLIES — Tnese are listed under the laboratory section and are secured direct from the Bureau of Laboratories. Proper care should be taken to keep these biologicals at the correct temperature and outdated biologicals should not be used. (See also page 231)

MEDICAL CARE — The health officer shall not give any medical care except emergency first aid. This service shall bc left entirely in the hands of the

practicing physician. No fees are to be collected by the health officer in addition to his regular salary.

DISAGREEMENT IN DIAGNOSIS Where two physicians disagree in the diagnosis the health officer may reserve the right to decide upon the diagnosis and institute whatever control measures are necessary. The exercise of a great deal of tact is often necessary in such cases.

IMMUNIZATIONS Immunization is a recognized instrument for the control of acute communicable diseases and the State Board of Health recommends the use of typhoid vaccine, smallpox vaccine and diphtheria toxoid in general clinics for the control of these diseases. Before any immunization program is inaugurated it should have the approval of the county medical society as to whom is entitled to these services --- i.e., does the society approve of the health unit's offering immunizations to indigent persons only or to any who may ask for it?

The schedule for immunizations on the following page is recommended. Immunizations may be administered either by local licensed medical doctors or the health officer. The practicing physician should be encouraged to give the necessary immunizations to his private patients, and in this way only the indigent group will be left for the health

IMMUNIZATION SCHEDULE

DIPHTHERIA . . . at nine months

2 doses of alum precipitated toxoid one month apart. Recommended for all children.

Have Schick Test six to twelve months after last dose of toxoid to determine immunity from diphtheria. The test should be repeated upon entering school.

SMALLPOX . . . at or before twelve months

Vaccination recommended for all children.

TYPHOID VACCINE

Three doses at five to seven day intervals — ½ cc, 1 cc, and 1 cc are given intramuscularly regardless of age. For maintaining immunity 1 cc should be given intramuscularly every year thereafter.

unit. Proper records of all immunizations should be made and kept on file.

No fees shall be collected from anyone for this service regardless of their economic status. No child is to be immunized at a clinic unless such immunization is requested in writing by the parent or guardian.

Typhoid Immunization. Vaccination against typhoid is recommended. In general the schedule as outlined above should be followed.

Diphtheria Immunization. Inoculation against diphtheria with the alum precipitated toxoid is recommended for all children from nine months to ten years of age. Using the present toxoid it is recommended that one dose of toxoid be followed one month later with a second dose of toxoid. These children should be Schick tested about six months after the last dose of toxoid to determine if another dose of toxoid is needed. Children over ten years of age should first be Schick tested before giving any diphtheria immunization.

Immunization against diphtheria can be promoted by (1) sending notice to parents whose name is obtained from birth record when child is six months of age; (2) urging physicians and midwives to have parents give toxoid to child when nine months of age; (3) newspaper articles and notices of reported cases in papers; (4) personal contacts, visits to homes by nurses, talks before civic clubs and others; (5) urging legislation requiring diphtheria immunization before one year of age and before entering school.

Smallpox Vaccination. All children should be vaccinated against smallpox. This can best be done at or before the first birthday. It should be repeated upon entering school. The mutiple pressure method is recommended. Encourage local regulations requiring smallpox vaccination before entering school.

Other Disease Immunizations. There are numerous vaccines and serums on the market but the statistical data available has not yet shown them to be effective in many instances. Mass immunization by the county health unit is not recommended for diseases such as whooping cough, scarlet fever, colds, etc. These are considered the responsibility of the parent and the private practitioner.

FOOD HANDLERS

The necessary regulations to see that food handlers in cafes or other establishments are not spreading a communicable disease must be followed as is recommended in the SANITARY CODE.

Dairies and Communicable Diseases. Upon finding a case of scarlet fever, diphtheria, or typhoid fever or other communicable disease which may be spread through milk, in the home of a dairy worker, special care should be taken to see that such worker is completely removed from the handling of milk and that he is not a carrier.

MILK IN RELATION TO COMMUNICABLE DISEASES

Milk properly pasteurized should be encouraged because raw milk may be a medium of transmission of tuberculosis, brucellosis (undulant fever), typhoid and paratyphoid fevers, diphtheria, scarlet fever, septic sore throat, foot and mouth disease, milk sickness, some of the summer complaints of children, and diarrheal and dysenteric diseases of adults.

A simple pasteurization method may be employed in the home where milk is not available from an approved pasteurizing plant: Put milk in double boiler and place over moderate flame. Bring milk to 155 degrees F.(stirring constantly while heating). When the desired temperature has been reached remove boiler from flame and cool milk immediately by placing utensil in pan of cold water (preferably ice water) stirring constantly until cool. Place milk in refrigerator and keep covered until ready for use.

RELEASE OF TYPHOID, PARATYPHOID, BACILLARY DYSENTERY, AND AMOEBIC DYSENTERY CASES

No case of typhoid fever or paratyphoid fever should be released from isolation until a minimum of two specimens of both feces and urine taken at intervals of twenty-four hours are examined in an approved laboratory and found to be negative for the typhoid bacillus.

No case of bacillary dysentery should be released from isolation until a minimum of two specimens of feces taken on different days have been examined in an approved laboratory and found to be free of dysentery bacilli.

In case of amoebic dysentery at least six negative specimens of feces taken at daily intervals should be obtained.

CARRIERS Carriers are becoming more and more a serious problem in the control of communicable diseases. Particular attention to typhoid carriers and diphtheria carriers should be given by the health officer. There are other disease carriers, but the scientific data on these are lacking and of little value in an average health department.

ISOLATION OF CARRIERS Carriers of the infectious agents of amebiasis, cholera (Asiatic), dysentery (bacillary), paratyphoid fever, and typhoid fever should be controlled by isolation or restriction of movement until repeated examination of excreta shows the absence of the infectious agent (see Regulation 14 of the SANITARY CODE).

CONTROL OF TYPHOID CARRIERS For the purpose of carrying out the provisions of the SANITARY CODE certain terms are defined as follows:

A case of typhoid fever is any person ill with the disease or still discharging typhoid bacilli up to twelve (12) weeks after recovery.

A typhoid carrier is any person who harbors typhoid bacilli within his body for more than twelve (12) weeks after recovery from typhoid fever or without history of an attack of the disease.

Paratyphoid fever is declared to be analogous to typhoid fever as regards definition of "case" or "carrier" and to be subject to the same methods of administrative procedure as typhoid fever.

The following procedures are recommended:

1. Any health officer or physician who discovers a typhoid or paratyphoid carrier shall immediately report the fact to the State Board of Health, giving the name, age, sex, occupation, and address of such carrier. The State Board of Health will immediately upon receipt of such report from a physician notify the health officer of the county or city wherein the carrier resides. The health officer shall then communicate the fact to the carrier himself, or his guardian, instructing him specifically regarding the SANITARY CODE regulations and the precautions necessary to protect others from infection.

2. An outside toilet used by a typhoid or paratyphoid carrier shall be a sanitary pit privy constructed in accordance with the specifications of the State Board of Health.

3. A typhoid or paratyphoid carrier shall not engage in any occupation involving the handling of milk, soft drinks, bottled water, or other food products intended for the use of others. Such carrier shall not work on any public water supply.

4. A typhoid or paratyphoid carrier who changes his residence shall notify the health officer of the county, or city, in which he has resided of the date of departure, destination, and new address. The health officer shall immediately forward this information to the State Board of Health.

5. The health officer shall visit each typhoid or paratyphoid carrier within his jurisdiction at least once each three months and shall render quarterly reports concerning each such carrier to the State Board of Health upon forms prescribed for this purpose.

6. At suitable intervals the health officer may cause specimens of both feces and urine from each typhoid or paratyphoid carrier within his jurisdiction to be examined bacteriologically in a laboratory approved by the State Board of Health. A chronic typhoid carrier may be released from restriction only on approval of the State Health Officer.

7. The State Board of Health will not recommend the release of a typhoid or paratyphoid carrier from observation unless the cessation of the carrier state has been indicated by the procedures outlined in Regulation 24 of the SANITARY CODE.

RELEASE OF TYPHOID CARRIERS FROM CONTROL RESTRICTIONS

A chronic typhoid carrier may be released from restrictions only on approval of the State Health Officer, and for a chronic carrier in whose feces typhoid bacilli have been found, release may be granted only after submission of the following evidence:

1. That the gall bladder has been removed.

2. That subsequent to removal of the gall bladder, each of three specimens of the duodenal contents, taken in a hospital at intervals of not less than twenty-four hours, has been examined in a laboratory approved by the State Board of Health and found to contain no typhoid bacilli.

3. That each of at least eight successive specimens of liquid feces, taken in a hospital on successive days, and under circumstances which do not permit of substitution, has been examined in a laboratory approved by the State Board of Health and found to contain no typhoid bacilli.

DIPHTHERIA CARRIERS

1. No clinical case of diphtheria should be released from isolation until at least two cultures taken from both the nose and throat at least twenty-four hours apart have been examined in an approved laboratory and reported as negative for the diphtheria bacillus.

2. Those closely associated with persons who are known to be active carriers of diphtheria germs should be immunized against the disease.

3. If the culture submitted to the State Board of Health Laboratory remains consistently positive then the health officer should re-

quest that a virulence test be made on the culture.

MANAGEMENT OF SPECIAL DISEASES The health unit personnel should not attempt to control special diseases in school by methods of treatment except upon written permission from the county medical society.

Pediculosis, impetigo, and scabies may be found in a school and never seen by a physician;and the health officer is often called upon to give advice as to methods of treatment or control.

The instructions below are suggested for these diseases, but should never be instituted without the written endorsement of the public health committee of the local medical society:

1. PEDICULOSIS. The hair should be massaged thoroughly with equal parts of kerosene and vinegar and then covered lightly with a towel for an hour, after which the hair should be washed with soap and warm water and combed with a fine tooth comb, dipped into strong vinegar in order to remove the nits. This process may be repeated if necessary. (CAUTION as to the use of kerosene near a fire and prevention of getting solution in the eyes by tilting head backward).

2. SCABIES. The person infected with scabies should take a hot bath and rub the affected area with 10 per cent sulphur ointment. Repeat the application of ointment every night for three nights, then take a cleansing bath and put on clean clothes. All bed linen and soiled clothes used by the person infected should be boiled thoroughly before being used again.

3. IMPETIGO.The crusts should be removed by gently washing with warm water and soap and then 10 percent ammoniated mercury ointment applied.

Other diseases requiring special management are:

4. INTESTINAL PARASITES. Surveys should be made of school child-

ren and treatment should be given with the approval of the local medical society to those cases found to be positive. A sanitarian should use this means of approach to homes where persons are found to have hookworm or other intestinal parasites in order to secure the proper sewage disposal needed. Educate the public against use of uncooked beef, fish, and pork in the prevention of tapeworm.

5. OPHTHALMIA NEONATORUM

a. According to state law physicians, midwives, or other attendants at birth must instill into the eyes of the newborn a one per cent solution of silver nitrate, or some equally effective prophylactic agent approved by the State Board of Health.

b. Instruct midwives to use this solution, which can be obtained from the State Board of Health upon application.

c. General education program.

d. Assist by seeing that all cases are reported and treated.

6. TYPHOID FEVER

a. Early diagnosis and reporting of case.

b. Urge blood culture early in case, Widal during second and third week, and stool and urine culture thereafter.

c. Control case. Proper disposal of body discharges. Fly control.

d. Control of source: make investigation, fill out case record and return to Bureau of Epidemiology, and take necessary measures to prevent further spread.

e. Immunization: All contacts and entire community, even in rural areas.

f. Take necessary release cultures of case as required under Regulation 14 of the SANITARY CODE.

7. DIPHTHERIA

   a. Early diagnosis

   b. Early treatment of case

   c. Isolation and quarantine

   d. Immunization of children at nine months of age

   e. Carrier detection

8. INFANT DIARRHEA AND ENTERITIS

   a. Improvement of general food and water sanitation, also proper disposal of excreta.

   b. Protection from flies.

   c. Detailed care of food, drink and personal hygiene for patient.

   d. Proper supervision of milk and water supply.

   e. Infant hygiene.

9. UNDULANT FEVER

   a. Control: testing cattle and destroying reactors.

   b. Proper pasteurization of milk supply.

10. RABIES

The Florida State Board of Health laboratory supplies rabies vaccine for indigent cases free of charge as stated under the laboratory section. The county health officer should educate the people to quarantine the suspected animal for fifteen days and not kill it. If the animal does not develop symptoms of rabies within this period, then the administration of rabies vaccine to the person bitten is unnecessary. Animals developing symptoms should be killed without injury to the brain and the head should be sent to the State Board

of Health laboratory properly packed with ice. Persons bitten on or near the head or face may need to be given rabies vaccine immediately. Should it be shown later that the dog did not have rabies the vaccine may be discontinued.

11. TULAREMIA

a. Educate the public to use rubber gloves in handling rabbits.

b. Sickly rabbits should be discarded.

c. Meat should be well cooked.

Section 2

VENEREAL DISEASES

There is no doubt that the control of venereal disease is a major problem in every health department. For this reason, the program formulated for its control must be looked upon as an extensive and permanent one. Therefore, the organization of venereal disease clinics must be of such a type and quality as to reflect efficiency which begets permanency.

One must consider the basic fact that the objective in the formulation of a venereal disease control program is the eradication of these diseases. With the exception of syphilis, it is admitted that this problem presents insurmountable objects. With syphilis, however, there is available all the necessary equipment to realize this objective. It is also recognized that local conditions and situations prevent one, at times, from fully using all the resources available, but the objective must be kept in mind. Syphilis is an infectious disease, highly so in its early and relapse stages, but not necessarily so in the other stages. Therefore, it is in these highly infectious stages that one must concentrate the attack if results, preventive as well as curative, are to be attained. Thus, in formulating or evaluating the syphilis control program, the following primary objectives

must be kept in mind:

1. Immediate attention given to infectious cases.
2. Thorough and extensive contact investigation with active case holding activities.
3. Prevention of congenital infections.
4. Thorough treatment of congenital cases.
5. Adequate treatment in order to prevent complications.

The secondary objective consists of evaluating the effectiveness of the clinics as regards proper technical procedures and statistical analyses of results obtained.

ELIGIBILITY OF PATIENTS Free diagnostic and treatment facilities shall be provided by all county health units or clinics for the following:

1. The diagnosis and emergency treatment of any patient who applies.
2. Any patient referred by a private physician either for continued treatment or for consultative advice and opinion.
3. Any patient unable to afford private medical care. The determination of the ability of patients to pay for private medical care shall be the responsibility of the county health unit and affiliated relief agencies.

DIVISION OF VENEREAL DISEASE CONTROL The Division of Venereal Disease Control is nominally a division of the Bureau of Epidemiology. Because of the magnitude and importance

of these activities, the administration of the venereal disease control program has been delegated to this Division. The present personnel of the Division consists of a director, an assistant director who is field consultant, a venereal disease nurse consultant, a secretary, two senior clerks, and one junior clerk.

The Division is entrusted with the formulation and execution of the venereal disease control program, in so far as it affects the policies of the State Board of Health, and is to aid, cooperate, and consult with county full-time health units in the organization and execution of their respective venereal disease control programs. These duties consist of the following:

As they affect policies of the State Board of Health

1. Preparation of budget from appropriations made by state and Federal governments.
2. Distribution of arsenicals, bismuth preparations, distilled water, and other drugs to private physicians requesting them for the treatment of indigent patients.
3. Compilation, tabulation, and analysis of venereal disease reports.
4. Propagation of educational activities.
5. Transmission of inter and intrastate communications concerning reports and transfers of venereal disease cases.
6. Execution of venereal disease surveys.
7. Provision for consultative service.
8. Coordination of efforts to secure the passage of progressive venereal disease control legislation.

9. Distribution of report and record forms.

10. Interpretation of program to U. S. Public Health Service.

11. Cooperation with private practitioners through the Venereal Disease Control Committee of the Florida Medical Association.

12. Promotion of professional education concerning venereal diseases.

As they affect county health units

1. Allocate state and Federal venereal disease funds to full-time health organizations.

2. Set up standards of clinic equipment, clinic management, diagnostic procedures and treatment schedules.

3. Provide report and record forms and standardize use of same.

4. Provide consultative service, medical, as well as nursing.

5. Compile and analyze clinic activities.

6. Aid and cooperate with local educational activities.

ADMINISTRATIVE PROCEDURES

Financial. All matters concerning venereal disease control are directed to the Director of Local Health Service. Requests for forms, information, etc. are more expeditiously handled through this office.

Since the Division is responsible for the allocation of state and Federal venereal disease funds to local health organizations, and since these funds are ear-marked for different purposes, which must meet requirements set forth, it has been the policy of the Division to receive, in triplicate, all statements of expenses incurred by county

health units for supplies and equipment. All drugs used for the routine treatment of syphilis and gonorrhea in the clinics must be ordered through the Division of Venereal Disease Control. It is advisable when placing orders for drugs that sufficient quantities are requested to provide for at least a month's supply. Form VD-4 titled "Drug Order Request" is provided to health officer for this purpose.

Funds for professional fees can be disbursed by the health officer at his discretion, either by payment on hourly basis, not to exceed $3.50 an hour, or by a flat fee per clinic session, not to exceed $7.00 per session. Duplicate copies of these disbursements must be sent to the Division for disposition. Where a department has salaried personnel, requisitions for payment of same must be requested from this office every month. It is strongly urged that the county health officer acquaint himself with the venereal disease budget for his county health unit and keep accurate records of expenditures.

Reporting. All forms with reference to report cards (Forms VD-3 and VD-3a) are supplied from this Division, through the Bureau of Epidemiology, to county health units and private physicians. All forms, such as, clinic record cards (Form VD-1),clinic monthly reports (Form 8954-A), and drug requisitions for private physicians (Form VD-2) are supplied directly from the Division. All report cards,either from clinics or private physicians, are mailed directly when properly recorded in the local office, to the Bureau of Epidemiology

in suitable franked envelopes supplied by the Bureau. One positive laboratory report is not to be construed as a diagnosis of syphilis, and therefore, should not be transcribed on a morbidity card unless two successive positive reports are obtained from the patient, or if a single positive report verifies the clinical diagnosis made previously. Clinic monthly reports (Form 8954-A) are to be sent in duplicate directly to the Division, not later than the 10th of the succeeding month, in order that these reports reach the U. S. Public Health Service from this office by the 15th of the succeeding month. Drug requisitions (Form VD-2) are sent in to the Division at the end of the month.

In order to create a more effective cooperation and to induce local reporting between local physicians and local health departments, the Division has adopted the policy of supplying health departments with report cards, drug requisition forms, and drugs for distribution to private practitioners. All requests for drugs to this Division from private physicians situated in localities with full-time health services will be forwarded to the health officer for proper disposition. It is advised that in order to standardize the procedure followed by the Division, not more than 10 treatments of arsenicals or 1 -30 cc jar of bismuth be given to physicians for each request. Physicians are required to report cases, for which drugs are requested, to the county health officer.

The Division tabulates on key punch summary cards all venereal disease morbidity reports from the state, as they come in. Semi-annual and annual morbidity rates of counties will be prepared and distributed to county health officer. Analyses of these rates and clinic reports will be made from time to time.

NURSE CONSULTANT SERVICE — The nurse consultant attached to this Division by the Bureau of Nursing is in charge of consulting with, aiding, and educating the nursing personnel of local health organizations in the proper procedure of handling case finding and case holding activities. The nurse consultant will spend the necessary time in county health units, under the jurisdiction of the health officer, prosecuting these activities, whenever county health officials request her services through the Division of Local Health Service. An outline of procedure has been prepared by the Division for her activities.

LABORATORY — All requests for laboratory specimen containers, interpretations of tests, and services rendered are to be directed to the Bureau of Laboratories. This excludes laboratory diagnostic problems, for which the Division of Venereal Disease Control offers its consultative service.

HEALTH EDUCATION The Bureau of Health Education coordinates all the health education activities of the State Board of Health. It acts as the educational consultant of the Division. The services of the Bureau are available to county health units for the preparation of venereal disease educational activities.

All other problems concerning venereal diseases are handled through the Division, either directly or through the Bureau of Local Health Service. It is to be assumed that all details and policies of a local nature fall within the domain of the activities of the Bureau of Local Health Service. The Division of Venereal Disease Control will keep this Bureau informed of these activities.

Organization of Syphilis Clinics

In the planning of a venereal disease control program, it is essential to study the venereal disease problem beforehand. It is necessary to have a base line from which to judge the extent of activity the health unit must provide. For this reason a preliminary survey is indicated. Once this information is obtained, the facilities available, the financial status and the availability of local cooperation should decide the method and extent of operation. The program should constantly improve and expand, if local conditions warrant it; always

keeping in mind, however, that local aid and responsibility should expand with it.

CLINIC ARRANGEMENT

The selection of a clinic space can be determined best by the county health officer. However, a few helpful suggestions would not be amiss:

1. It should be centrally located with ample accommodations, including waiting room.
2. It should be part of a health center to prevent it from being stigmatized.
3. It should have proper facilities to carry out all the procedures required for the proper diagnosis and treatment of syphilis.
4. It should be made attractive.

CLINIC EQUIPMENT

The minimum equipment for the clinic shall be as follows (for physical examination):

1. Examination table
2. Floor lamp
3. Sheets necessary for draping
4. Sphygmomanometer
5. Utility jars
6. Thermometer
7. Refuse container
8. Scales
9. Chairs
10. Physical examination instruments (in basket)
    a. Percussion hammer
    b. Tuning fork

10. (continued)

c. Vaginal speculum
d. Flashlight
e. Stethoscope
f. Ophthalmoscope
g. Rubber gloves
h. Measuring tape

11. Lumbar puncture equipment

a. Sterile towels
b. Iodine
c. Sterile applicators
d. Novocaine 1 % solution
e. Alcohol
f. Catheter tray
g. 2 No. 22 gauge short bevel lumbar puncture needles
h. 2 cc syringes
i. Hypodermic needles

Treatment equipment shall consist of the following:

1. Treatment tables
2. Drugs in use -- Neoarsphenamine, Mapharson, Bismuth, etc., Distilled Water
3. Flask for mixing drugs
4. Needles -- 19-22 gauge 1½" intravenous, 19-20 gauge 2½" intravenous
5. Syringes 2-3-5-10 cc
6. Tourniquet
7. Cotton pledgets
8. Emergency drugs
   a. Aromatic spirits of ammonia
   b. Adrenalin 1/1000 solution
9. Chairs for patients and physicians

The laboratory equipment in the clinic shall consist of the following:

1. Darkfield equipment where person properly trained in darkfield technique is a member of the staff.
2. Slides and cover slips
3. Darkfield specimen containers, where no darkfield is available (obtained from State Board of Health Laboratory)
4. Methylene Blue
5. Grams stains
6. Benedicts solution
7. Acetic Acid

CLINIC SCHEDULES — The proper arrangement of clinic schedules facilitates the handling of a large number of patients without placing undue stress on any individual clinic session. In order to properly offer to each patient diagnostic and treatment services, it may be necessary to limit the number of patients at each session or divide the services offered into independent sessions. Consequently, clinics may arrange schedules, so as to offer diagnostic services at one session and treatment services at another. At no session, however, should infectious cases be allowed to leave without immediate treatment.

The attendance of the health officer at these clinic sessions is strongly recommended. Since the health officer is held responsible for the operation of his local program, the effectiveness of the program depends to a large extent on the smooth performance of the clinics. His responsibilities demand that he establish rules and regulations for the management of his clinics and that he see to it that his policies are followed by the clinic personnel.

The extent of financial and other material aid that the Division of Venereal Disease Control offers to county health units will depend on the interest shown, results obtained, and the cooperation elicited from local health officials.

PERSONNEL The success of any venereal disease clinic depends entirely upon the personnel on duty therein. Each member of the staff must be interested in his work and in the entire venereal disease control program. Clinic location, design, and hours are of prime importance. Where situations demand it night sessions are advocated. The proper attitude of all personnel towards the patients will reflect itself in good clinic attendance; "a smile in the clinic is worth a half-dozen follow-up visits for delinquents". Time spent in explaining to patients their disease, importance of treatment, and answering in understandable terms any questions that may be asked will more than pay for themselves by decreasing necessary case holding activities. The appointment, whenever possible, of private practitioners or clinicians who are interested in venereal diseases, is therefore of paramount importance.

CLINIC MANAGEMENT Every clinician supervising a clinic is responsibile for a complete appraisal of every patient in the clinic. This includes:

1. Physical examination of all suspected or referred cases with repeated serological test.
2. The examination of spinal fluid at proper time on all cases.
3. The classification of syphilis infection..
4. The adequate treatment of patients.
5. Questioning and observation of any treatment reactions.

6. Individualization and special treatment for complicated cases.

(Note: Outlines for routine and special treatment of patients for syphilis and gonorrhea can be obtained on request from the Division of Venereal Disease Control).

Clinic Nurse. The clinic nurse must be familiar with all clinic activities. She will be responsible for the set-up of the clinic, the questioning and routing of patients and collection of records when no clerk is available. As is often the case, the clinic nurse is part of the field personnel of the health unit. Wherever the health unit has no full-time clinic nurse, the field nurse of that particular district must assume these duties.

Public Health Nurse. The public health nurse is responsible for the follow-up of cases. Proper diagnosis and disposition of cases should be made at every clinic to ascertain as many contacts of infectious cases, as is possible. A list of these contacts together with a list of infectious cases, must be quickly transmitted to the nurses in the district where these individuals reside. Nurses in turn should immediately begin their investigation. Case finding activities of infectious cases precede case holding activities. Case holding activities of infectious and early cases should precede those of latent cases.

The venereal disease "follow-up" activities in the field must be concentrated on cases which require the more immediate investigations.

These consist of the following:

1. Antecedent and succeeding contacts of infectious cases.
2. Delinquent infectious cases.
3. Delinquent pregnant syphilitics.
4. Congenital cases under five years of age.
5. Complicated cases of syphilis.

Clerk. It is obvious that in the management of clinics with large patient loads, proper record keeping requires the services of a full-time clerk. The clerk is responsible for the proper completion and care of all records on all patients who come to the clinic. Not only must the records be kept properly for the clinic, but also records and reports requested by the Division must be transcribed in a proper manner.

TREATMENT OF GONORRHEA The treatment of this disease is considered equally as important as the treatment of syphilis. With the rapid progress being achieved in this field by the utilization of chemotherapeutic methods, it is possible now to plan a practical public health program against this disease. Much research work is going on in the administration of sulfanilamide and its derivatives on gonorrheal patients. A suggested outline for the treatment of gonorrhea in adults and children has been prepared by the Division of Venereal Disease Control and is available on request.

OTHER VENEREAL DISEASES The diseases listed below are mentioned in order to remind personnel in the clinics that they should be considered in the diagnosis of patients coming to the clinics, where syphilis cannot be proven, or in conjunction with primary syphilis:

1. Chancroid -- Dmelcos reaction
2. Granuloma Inguinale -- Donovan bodies
3. Lymphogranuloma Venerea -- Frei Test

Treatment of these diseases must be specially studied and individualized. The use of sulfanilamide and derivatives has been also applied to them with some degree of success.

Section 3

MALARIA

A minimal program directed particularly to the rural malaria problem is suggested on the following pages. Consideration is first given to the activities of a county health unit in relation to such a program. It will be noted that all members of the normal staff participate in the program and that certain activities can be promoted the year round; others are seasonal and these are promoted in the spring and early summer. It will also be noted that the general program suggested does not require special or supplementary appropriations, except as special projects are developed and would routinely promote to the greatest degree a measure such as mosquito-proofing, a large part of all the cost of which can be borne by the people benefited.

This program is outlined as follows:

A. County Health Unit

1. Health Officer

a. Educational work

(1). Among physicians -- particularly directed to secure better case reporting and greater precision in the employment of diagnosis of malaria through greater use of the laboratory.

A. County Health Unit (continued)

(2). Among the laity -- to appreciate the preventable character of malaria, to support the local program, and to avoid self-medication.

b. Annual survey of splenomegaly in the school children of 12 years of age and younger. Since the survey can only advantageously be performed in the 8-10 week period in the fall of the year and in order that it be performed in all counties as nearly simultaneous as possible, it is obvious that it must be done by the county health officer.

c. Direction of the anti-malaria activities of the other members of his staff (being oriented by the routine spot maps) especially as this supervision relates to a mosquito-proofing program and minimal entomological studies.

d. Securing financial assistance from local sources for special projects where indicated.

e. With the assistance of the personnel of the State Board of Health Bureau of Malaria Research and Control analyze the data received during the survey and during the course of control.

2. The Clerk

a. Notation of all results of the survey in standard report forms.

b. To keep posted by place of resident on annual spot maps all objective data relating to malaria incidence such as

(1). Positive laboratory diagnoses
(2). Deaths attributed to malaria
(3). Positive splenomegaly
(4). Morbidity reports

c. To keep up-to-date entomological findings on spot maps.

3. The Sanitary Officers -- the program is to be concentrated in those areas where the spot maps show the incidence to be highest.

a. Educational work, particularly to extend the application of simple drainage and mosquito proofing to the vicinity of homes.

b. Search for anopheline production areas in relation to known local foci; make permanent records of these findings; and if simple and easily executed drainage is feasible, secure their abatement by the property owners.

c. Assist in mosquito proofing of homes, by inspecting and measuring houses to determine requirements; persuade householders to furnish materials and to supervise installation.

d. Supervise carpenter temporarily employed by county health unit to make doors.

4. The nurses -- Educational work in their domiciliary visits, especially to promote mosquito proofing.

B. State Board of Health through the Bureau of Malaria Research and Control

1. The routine activity of the Bureau of Malaria Research and Control will be the investigation of malaria throughout the state. This will be accomplished by making limited surveys (reconnaissances) both clinical and entomological continuously in appropriate seasons. Through the information thus secured, the central office will be able to judge those localities most needing control work and can evaluate the importance of the problem in different localities if all requests for control cannot be answered at the same time.

2. Assistance to be rendered by the State Board of Health

a. Once the malaria problem has been defined and a locality is seriously interested in control activities, the personnel of the Bureau of Malaria Research and Control will make a study of the locality sufficiently detailed to outline the program of control and to give rough estimates of the annual funds necessary to accomplish these ends.

B. State Board of Health through the Bureau of Malaria Research and Control (continued)

b. During the course of these studies the central department will train local personnel in the fundamental procedures necessary for the continuance of the work, both in the clinical and entomological branches.

c. The Bureau of Malaria Research and Control will assist the county health officer in inaugurating the detailed activities of the program of control.

d. Control works of drainage and fill will further be supervised by the Bureau of Sanitary Engineering of the State Board of Health.

e. The Bureau of Malaria Research and Control will assist the county health officer in preparing and securing Federal projects to assist in the work of control, be it through WPA projects or funds from the Farm Security Administration or any other similar and interested agencies.

f. Once the project has been established and functioning and the local personnel sufficiently trained to continue the operation, the Bureau of Malaria Research and Control will withdraw and assist in future work by continued supervision at routine intervals or on special request of the county health officer.

Section 4

TUBERCULOSIS

Pulmonary tuberculosis continues to present one of the major health problems in Florida with almost 1,000 deaths reported yearly. The mortality rate for Florida is above the average rate for the United States; the Negro death rate is still three and a half times that of the white race. Also, only about one new case of tuberculosis is being reported for each death from the disease — a number below the minimal accepted standard of two cases reported for each death.

It is very important that each health officer assume full responsibility toward the tuberculosis program in his county. If the county health officer will take the leadership in a tuberculosis control program, there will be many organizations and individuals who will be more than glad to offer their services to aid such a program. Private physicians will be more interested and consequently more active in a tuberculosis program if they can expect prompt and valuable service from the local health unit.

The Florida Tuberculosis and Health Association, through its county associations, will endorse and aid a tuberculosis program by furnishing and distributing literature, by supplying motion picture films, by obtaining speakers and by making available at times funds derived from its

Christmas Seal campaign for x-ray examinations.Many other organizations such as women's clubs,civic clubs,welfare agencies, parent-teacher associations, the Work Projects Administration, the National Youth Administration, and county commissioners can be enlisted to help with the tuberculosis program.

The County Tuberculosis Program

Because of the great variance in different counties as to area, population, race, economic standards, hospital facilities, x-ray equipment, interest and cooperation from physicians and lay organizations, it is impossible to outline a universal county tuberculosis program. An appraisal should be made by the county health officer of the personnel and equipment in his county, and he can then discuss the problem of his county with the Director of Tuberculosis. In that manner a practical, workable, well-rounded program can then be developed.

CASE-FINDING Contacts of all active cases very frequently have lesions even though they have no symptoms. Naturally, suspects having definite symptoms should be examined promptly. Indigent and low income groups, because of living standards, show a higher incidence of tuberculosis. People in certain occupations, such as midwives, foodhandlers, domestic servants and other groups rendering personal service are particularly

dangerous in spreading tuberculosis and should be included in the case-finding program.

1. X-ray. It is very important that arrangements be made to have x-rays taken on all suspects or contacts. The x-ray is the most valuable method of establishing a definite diagnosis of pulmonary tuberculosis.

2. History and Physical Examination. Frequently a good history and physical examination will be a great help in determining which patients should be x-rayed. It must be remembered, however, that a negative physical examination does not rule out tuberculosis.

3. Sputum Examinations. Containers for specimens will be supplied by the Bureau of Laboratories upon request. Specimens should consist of sputum actually coughed from the lungs--preferably in the early morning.The state laboratories will concentrate every specimen received and those found negative after such treatment are cultured on Petroganini's and Bordet-Gengou media. Specimens of spinal fluid, pleural exudate, gastric washings, urine, feces, etc. will be examined for tubercle bacilli upon special request. The submission of several daily sputums for laboratory examinations is a simple procedure often neglected. It is of great diagnostic value when positive, but does not exclude tuberculosis when negative. The finding of tubercle bacilli establishes the diagnosis without qualification and at the same time confirms the case as a source

of infection to others. Always submit specimens of sputum from suspected individuals without waiting for the x-ray report.

4. Vollmer Patch Tuberculin Test. Supplies of the Vollmer patch tuberculin test will be sent to county health units free of charge under special circumstances only. For example, the patches would be supplied for testing a group of school children known to have been exposed to an active case in a school teacher or other school employee. Arrangements should be made prior to testing for x-ray examination of positive reactors.

MOBILE X-RAY UNIT

The mobile x-ray unit was designed for the purpose of x-ray examinations of indigent or low-income groups of people. Such groups would comprise individuals who because of poverty, race or hazardous employment should be suspected of having a proportionately higher incidence of tuberculosis than the population as a whole.

Because of the high incidence of tuberculosis among contacts of known active cases, arrangements should be made locally for their immediate x-ray examination without waiting for the arrival of the mobile x-ray unit. This applies to suspects as well.

Requests for service of the mobile x-ray unit should be made two or three months ahead of its contemplated arrival in order that time

will be allowed for the necessary preliminary work-up of the groups selected.Before final arrangements are made the Director of Tuberculosis and the State Tuberculosis Nurse Consultant will visit the county health unit to determine the scope of the survey and to instruct the county health unit staff in the preliminary procedures.

The mobile x-ray unit can x-ray 300 to 400 individuals per day and at least one week's work, if possible, should be visualized before requesting the service. The films will be interpreted by the Director of Tuberculosis and reports made to the county health officer.

CLINICS As a rule tuberculosis clinics are sponsored by local tuberculosis associations in connection with the out-patient service of a tuberculosis or general hospital. They are impractical in a rural county because of the lack of tuberculosis specialists and other facilities.

The county health unit shall cooperate with the clinics and take advantage of the facilities offered to the fullest extent. The health unit should refer patients for diagnosis and could with great advantage assume the home visiting and other field work which should be done.

HOSPITALIZATION The modern treatment of tuberculosis often requires collapse therapy in the treatment pf the diseased lung in addition to carefully supervised

rest, diet and symptomatic treatment for the body as a whole. Few authorities will dispute the fact that such treatment can best be obtained by residence in a good tuberculosis hospital. The Florida State Tuberculosis Sanatorium at Orlando is an excellent institution and full advantage of its facilities should be taken. Active cases classified as minimal, moderately advanced, or far advanced which may respond to treatment (not hopelessly far advanced cases) should be referred there as soon as possible after diagnosis. Necessary forms for admission may be obtained from the Sanatorium. Hospitalization at public expense must be approved by the board of county commissioners. Preliminary to making formal application, the x-ray films of the patient together with a good clinical history should be sent to the superintendent. The health unit should assume the responsibility for sending the films and history and for seeing that the application forms are properly filled out and forwarded to the Sanatorium. Even though it is realized that the number of hospital beds is inadequate, nevertheless full advantage should be taken of those which have been provided.

The Sanatorium will notify county health units when a patient on the waiting list may be admitted and the patient should be visited and assisted in his preparations.

ISOLATION OF HOPELESS CASES Unfortunately, there are not enough beds available to hospitalize all active cases of tuberculosis in the state. As a result it frequently

is necessary to isolate hopeless active cases at home so that the beds in the Sanatorium may be used for patients who may respond to treatment. These hopeless cases are the most infectious, for frequently they are so sick they use no precautionary measures whatsoever.

It is essential that the nurse visit the home frequently and teach the patient the use of paper napkins to prevent spreading the disease to other members of the family. Often it is very difficult to make a patient realize that coughing, sneezing, clearing the throat and expectorating are very dangerous to others if not done according to instructions. The family must also be instructed as to such precautionary measures as burning paper napkins and sputum cups, boiling dishes, bed-clothes, etc.

POST-SANATORIUM CARE All too frequently patients discharged from a sanatorium in good condition return several months later with a relapse. The county health unit should maintain close supervision of post-sanatorium patients because of this possibility. The recommendations of the sanatorium for such supervision should be strictly followed. The patient should be visited in his home frequently enough to see that he is carrying out orders. Arrangements for pneumothorax refills should be made and follow-up x-ray examinations should be done at the prescribed intervals. The patient should be urged to return to the sanatorium for a check-up after six

months or less have elapsed or when symptoms of possible reactivation of the disease occur.

EDUCATION The Bureau of Health Education will send on request literature and other materials to county health officers for the preparation of scientific papers, talks to lay groups, radio addresses and the showing of motion pictures. Pamphlets and posters may also be obtained through the local tuberculosis association and through the Florida Tuberculosis and Health Association, 111 West Ashley Street, Jacksonville.

With the knowledge and co-sponsorship of the county health unit, the Director of Tuberculosis or State Tuberculosis Nurse Consultant will give lectures or talks to professional or lay meetings in organized counties.

RECORDS The family folder system of records is well suited to tuberculosis needs. Histories of active cases and recent deaths and the roster of contacts together with follow-up notes should be kept in the family folder and the index cards flagged for quick reference.

Active cases of pulmonary tuberculosis shall be reported to the Bureau of Epidemiology on the yellow card, Form V.S.124, provided for that purpose.

CONSULTATION SERVICE The Director of Tuberculosis will be glad to discuss with the health officer the general tuberculosis program in his county, as well as advise him in the solution of any specific problems that may arise. He also acts in the capacity of state tuberculosis clinician and may be called upon by health officers or local physicians in consultation concerning diagnostic problems in connection with diseases of the chest. The Director wil be glad to interpret x-ray films sent to him by health officers or private physicians. If previous films are available, they should be sent with the latest film for comparison. A brief concise history of the patient is very helpful, as well as any laboratory data, and this information should accompany the film.

Through the cooperation of the State Tuberculosis Sanatorium and the Florida Tuberculosis and Health Association, the Division of Tuberculosis annually gives a short intense course in tuberculosis for health officers. It is recommended that the health officers take advantage of this refresher course, as well as other symposiums which are given periodically by the Florida Medical Association.

STATE TUBERCULOSIS NURSE CONSULTANT Tuberculosis control largely depends upon the efficiency of the public health nurse. To be efficient she must acquire proficiency and ingenuity

in the handling of the numerous problems that arise. The nurse consultant of the Division of Tuberculosis is available on request of the county health officer to teach the local staff nurses the techniques involved. Appointments may be made for her to visit the county health unit and remain there as long as necessary to accomplish this purpose.

X-RAY TECHNICIAN — X-ray consultation service is available where problems exist regarding x-ray apparatus, x-ray technique, fluoroscopy, or the development of films.

PART IV

PUBLIC HEALTH NURSING

Section 1

PERSONNEL AND POLICIES

There are primarily four objectives of public health nursing and these are: (1) To assist in educating individuals and families to protect their own health; (2) To assist in the adjustment of family and social conditions that effect health; (3) To assist in corroborating all health and social programs for the welfare of the family and community; and (4) To assist in educating the community to develop adequate public health facilities.

BUREAU OF PUBLIC HEALTH NURSING The Bureau of Public Health Nursing of the State Board of Health consists of a director, five state consultants, a secretary, and three clerks. The policies and procedures in the following sections are the concern of this Bureau.

GENERAL POLICIES 1. Appointment. Public health nurses employed as members of county health units are recommended to the health officer of the unit for final decision as to their appointment. The health officer may release any nurse who does not follow the policies of the health unit or

resorts to political influence to obtain or hold her position. Reasons for releasing nurses should be sent to the Director of Local Health Service.

2. Medical Examination. Every nurse is required to have a medical examination before her appointment and to make any corrections indicated by the examining physicians which might effect her health and efficiency in her work. She will be required to have an examination every two years, including x-ray of the chest.

MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS

By joining the professional organizations nurses espouse publicly their belief in the nursing profession. It will also give the nurse an opportunity to continue towards the advancement of nursing service and nursing education. Every nurse should become a member of her district organization which automatically makes her a member of the American Nursing Association.

The next organization to which public health nurses are responsible is the National Organization of Public Health Nursing which is made up of nurses and the agencies which are connected with the advancement of public health nursing as a community program.

Other organizations include the National League of Nursing Education which is primarily concerned for good nursing service to the

community and the American Red Cross which is America's national patriotic and humanitarian organization.

UNIFORMS The purpose of the nurse's uniform is for the protection of the nurse and this uniform should be worn only when the nurse is engaged in the performance of professional duties.

The Florida public health nurse wears the style uniform which has been adopted generally. Dark blue is the color selected. Samples of the material will be supplied by the Bureau of Public Health Nursing upon request.

The Nightingale Uniform Company, Georgiana, Alabama, has agreed to tailor these uniforms, furnishing the material and the buttons, for the following prices:

Single uniforms are . . .	$ 2.65 each
Sets of 3 uniforms. . . .	7.75
Sets of 6 uniforms. . . .	14.50
Dozen lots.	29.00

Directions for taking measurements can be obtained from the Bureau of Public Health Nursing.

It is permissible for nurses to select their own material locally, provided it is the same color -- dark blue.

In the summer the uniform is of Normandy voile made by the printed diagram but the stitching is omitted. Short sleeves are permissible. Accessories in the summer consist of white shoes and white straw hat; in the winter, dark blue tailored hat and coat with dark blue or black shoes.

BAG TECHNIQUE This is very necessary for every nurse doing public health nursing. The instructions written below are taken from the Bureau of Public Health Nursing's MANUAL OF PUBLIC HEALTH NURSING:

"The nurse carries with her a watch, fountain pen, pencil and a small case in which to carry her vanity, comb, etc., which can be carried in the uniform pocket. Only a small amount of money should be carried in the coin purse in the uniform pocket. With this arrangement it is not necessary to carry a pocketbook.

"The Stanley bag is used and can be purchased from the Stanley Supply Company, 119-120 East 25th Street, New York City. These can be purchased for $12.50 each or $11.50 in quantities of six or from the Surgical Supply Company of Jacksonville for $12.50. The following contents of the bag can also be secured from the Surgical Supply Company:

1	Baby scale	$1.00
1	5½" bandage scissors	1.10
2	1½ oz. Saddle Bag Bottles @ .50	1.00
1	111Y syringe outfit (metal case 1½ cc syringe and 2 needles	1.50
1	C-A-2745 Urinometer complete	.90
1	160G Glasco dropper bottle 1 oz.	.15
1	2½" Stem WE Funnel	.65
1	Orangewood stick (no charge)	
1	Bakelite soap dish	.35
1	6" dressing and thumb forceps	1.00
1	rectal thermometer in red case	.75

1	mouth thermometer in black case	$ .75
1	medicine dropper	.05
1	670-21 8" Catheter Tray without cover	.60
1	3640¼" connecting tube	.15
1	18 FR Soft Rubber Catheter	.30
1	30 FR Soft Rubber Rectal Tube	.30
3	feet #17 rubber tubing .07	.21
1	Ford Stethoscope	1.75
1	Taylor Blood Pressure Instrument Areroid without case	19.80

"The bag has a label with the nurse's name. She carries newspapers with her and makes the paper pockets in the patient's home. This has a teaching value for the family. On entering the home the nurse selects a straight wooden chair in a suitable spot and spreads a sheet of newspaper on which to place the bag."

STANDING ORDERS

An agency employing public health nurses should have Standing Orders approved and signed by the county medical society.

Standing Orders are for nursing care, treatment and medication to be given by the nurse in an emergency where no physician is in attendance, or when the nurse is unable to reach the physician for orders.

STATE CONSULTANTS

State consultants visit the county health unit upon the invitation of the county health officer. She remains in the county health unit for a limited time only and her duties consist of the following:

1. To instruct the supervisor and field nurses in their specialty.

2. To assist in applying the specialty to the generalized program. Classes should be held with the staff nurses either daily or weekly, depending upon the program.

3. To analyze and appraise the service of the nursing staff.

4. To acquaint herself with the office records and reports, analyzing these reports and the method of filing and reporting.

5. To visit with the nurses in the field upon request of the supervisor. Information to the staff nurses is given through the supervising nurse and the health officer.

6. To thoroughly acquaint herself with current literature to form a basis from which to outline the contents of the nursing program.

7. To make recommendations for strengthening the nursing service in the health unit. These recommendations are submitted first to the Bureau of Public Health Nursing and then sent to the county health unit.

RESPONSIBILITIES OF SUPERVISORS The functions of a supervising nurse cannot be fixed in any organization, but there are certain duties to which every supervisor should adhere. Knowledge alone does not make a leader; the personality of the supervisor plays an important part in the relationship with those supervised. Listed below are certain responsibilities of the nursing supervisor:

1. She must know that supervision is a constant process of adjustment and adaption.

2. She must have an understanding of personalities and be able to deal with them; she must have emotional stability, initiative, vision and imagination.

3. A supervisor is kindly and sympathetic,and she believes sincerely in the possibility for growth in each nurse.

4. The supervisor sees that policies are carried out in the field and that the prescribed techniques of procedure are incorporated in the individual nurse's field practice. This can better be done by the supervisor accompanying the nurse in the field.

5. The supervisor should appraise the field performances of each nurse.

6. The most valuable work of the supervisor is done in the field and for this reason her aim should be to keep time spent in the office to a minimum.

7. A progress report should be made on each nurse and forwarded to the Bureau of Public Health Nursing. This information is kept confidential, but is invaluable when requests for recommendations are made regarding the nurse.

8. The supervisor should have full knowledge of community resources and their use for effective service to families and individuals.

9. Programs should be discussed with the health officer before being put into effect.

10. The health officer should discuss with the supervisor any proposed change of the clinic which he wishes made.

11. The schedule of the week's work should be discussed with the health officer. Arrangements should be made for attendance at meetings so that there will not be an over-lapping of attendance. The supervisor should always be advised of meetings held throughout the county.

12. The supervisor should attend conferences with representatives from the state and Federal governments, so that she may offer suggestions from the nursing service, and she should keep in mind the newer trends in public health.

13. The supervisor should keep activity and progress reports of her own work and review daily reports of the staff nurse. The health officer depends on the supervisor to a large degree for information about progress made by each nurse.

14. The supervisor should review records periodically to see that they are accurate and up-to-date.

15. The supervisor should assist in planning and executing the program of introduction for new staff nurses.

16. The supervisor should assist in planning and executing staff conferences.

17. Any disciplinary action which must be taken regarding staff nurses should be discussed with the health officer unless it is of minor nature. It is advisable for the supervisor to discuss matters of this kind with the staff nurse.

18. Criticism of a nurse should be made in privacy.

19. The supervisor should not limit her comments to omissions.

20. The nurse should have a feeling of security in her relationship with the supervisor.

21. The supervisor should relieve in the district for staff nurses on sick leave or vacation.

22. It is customary for supervisors to take emergency cases if she is not relieving in the district.

23. One supervisor to every ten nurses is recommended.

Section 2

PLANNING NURSING ACTIVITIES

The public health nurses' program should be planned a year in advance and this general program should be broken down into divisions of months and weeks; such program should be approved by the county health officer.

The Bureau of Public Health Nursing recommends to the county health units a generalized public health program which is concerned with the health of the entire family covering the following activities:

Communicable diseases (including tuberculosis)
Venereal diseases
Maternity service
Infant and preschool hygiene
School nursing
Health education
Home sanitation

The entire program should be carried out in accordance with the State Board of Health, county health unit, and the county medical society. Nurses should follow Standing Orders which are endorsed by the county medical society.

With the large territory covered by the nurses it is not possible to include bedside nursing or morbidity service in the general program,

but it is understood that bedside nursing should be given as a method of demonstration and teaching.

RECORDS It is vital that records be available to the nurse at all times; for records help evaluate the service in planning programs and help to interpret the service to the county. If the service is decentralized, an index card file should be filed in the central office which will give an accurate record of all patients.

Each nurse should have an appointment book which will keep her daily, weekly and monthly visits accurate and she should also have an individual filing box. The family folder is for the purpose of keeping together all individual records for the members of the family and will give a quick picture of the family situation.

The nurses should select their cases according to the services and needs, and when she goes into the field she should carry the records of the individuals to be visited. Before leaving the home she should complete the recording of the visit, as this will be an educational process for the family and will also conserve the nurse's time. The nurse should record the situation found, accomplishments, suggestions, service rendered, results obtained and future plans. An accurate record will be a guide to the next visit.

Visits to families where more than one individual is under care will be counted according to the individuals served -- but only as one home visit. Telephone calls made to the case, or in behalf even though recorded, are not counted as visits.

All closed cases should be attached to the daily report and reviewed by the supervising nurse before filing in the central office. Records should be kept only as long as there is any possibility of their being useful.It is often customary to destroy records after five or six years.

HOME VISITS

Much success of the public health nursing program depends upon the nurse's home visits, and her chief objective is to gain the confidence of the entire family. The frequency of the visits depends upon the need rather than a fixed schedule and it is necessary to plan each day's activity so that it will include a variety of several classifications. The appraisal form recommended is a guide as to whether or not the nurse's program is overbalanced. (For further information refer to the MANUAL OF PUBLIC HEALTH NURSING prepared by the N.O.P.H.N.)

Pre-visit planning should include the following:

1. Objectives
2. Plan for visit content
3. Accomplishment thus far noted
4. Future objectives
5. Tentative date for next visit (this is invaluable as it prevents loss of time for future visits)

In making a home visit the nurse should take time to put the family at ease and then obtain information to work out the problem. Teaching in the home visit is far more effective when demonstrations are given. The nurse should select the most responsible member of the family to assist. She should teach slowly and explain why; she should also review the instructions given in a previous visit.

Visits to localities should be assembled around school visit schedule. It is easy to fill every day in investigating and so-called emergency work, which is really not health work, so that there is little time for constructive work. An appointment book should be kept by the nurse who should make a daily report of her activities. This report is submitted to the supervisor at the end of the day.

Emergency calls are frequently required which may change the day's program. The nursing records should be so well set-up that the nurse can quickly assemble cases to be visited to fill in around this urgent call which takes her to this part of her district.

On each of her visits the nurse should take her bag into the house even though she may not use it.

The nurse should keep the physician informed about cases referred by him; this preferably should be done in writing. Calls to the physician's office to inquire if there is any way in which she can serve

him often brings about the reporting of new cases. Any individual physician is not recommended to the family; a list of licensed physicians should be given to the family from which they can made a selection.

GROUP ACTIVITIES Classes are given to offer help to individuals with their problems. Each class may center around one phase of the life cycle, such as pregnancy, preschool period, or they may include subjects which are related to other groups, such as the Red Cross courses in home hygiene and care of the sick.

Classes in other group activities for education and community health, good citizenship and family relationship may also be conducted by the nurse. The parent-teacher associations, women's clubs, garden clubs and public health committees are usually interested in organizing classes as well as attending. These classes may combine the functions of a conference and class.

STAFF CONFERENCES The staff conferences can be periodic meetings of the field nurses with the supervisor and health officer for the purpose of exchanging knowledge and experience, so that the quality of the service may be improved through the opportunities for individual growth thus provided.

The staff conference is an educational measure in the broadest sense and its influence should be felt in every aspect of the field performance of the agency. The purpose of the conference is served when the following objectives are realized:(1)

1. Improvement in the service to the community.
2. Increasing appreciation of organization policies and ability to translate them into productive field practice by discussing them in advance of their adoption so that they become a group decision.
3. Growth in the nurses' ability to differentiate between matters of major and minor importance.
4. Cooperation among the nurses.
5. Conservation of the supervisor's time.
6. Wider extension of the supervisor's services to the nurses.
7. Development of leadership among the nurses.
8. Strengthening of community relationships.

A sound staff educational program must be planned and carried out jointly by the nurses in the health unit.

CLINIC SERVICE To obtain a complete picture of the clinic set-up, the supervisor should be on hand when the nurse is scheduled to arrive. If the supervisor is present for the entire session, she should substitute for one

(1) from SUPERVISION IN PUBLIC HEALTH NURSING by V. H. Hodgson, page 193

of the nurses who can be relieved for other activities. Attending clinics without participation gives the supervisor a much less advantageous method of observing its functions. The supervisor assisting patients in the dressing room and examining room places her in an especially strategic position to observe the entire functioning of the clinic. The supervisor should not leave the clinic until everything in it is in order and the nurses are ready to leave.

The essential aim of the supervisor is to promote the nurse's growth in clinic management. If the supervisor attends every clinic except when nursing personnel is inadequate it is evident that there is a poor quality of supervision. The supervisor should develop the executive ability of the nurse so that she can take over the management of the clinic. The staff nurse will profit from the demonstrations of the supervisor in obtaining histories, performing surgical technics, or group teaching.

A conference with the clinician at the end of the clinic is an important feature which will give the nurse information on the patient and will assist her in following up cases. Clinical follow-up cases should always be on a selective basis and the selection should be made by the clinician.

When accompanying a nurse on a field visit the supervisor should wear a uniform which will aid in placing the supervisor and the nurse

on a basis of equality in the mind of the patient. The supervisor can also make the situation less difficult when visiting in the home with the nurse if she will assist in giving care.

The supervisor should observe the nurse's skill and technics, accuracy of instruction, soundness of teaching methods. The effectiveness of the teaching will be evident from the comments of the family and their preparation for the nursing visit. Literature is of little value when presented merely as items of interest, therefore, certain pages and paragraphs should be brought to the attention of the patient or group which the nurse is teaching.

If the supervisor notices shortcomings in performances during the home visit, she might ask the nurse to give demonstrations of nursing technics or on content of teaching in special services before the entire staff of nurses.

The health officer of the health unit should set the example for developing a satisfactory volunteer service, and the nurse should assist in increasing the productiveness of the volunteer service.

The volunteer is an influential citizen who is interested in the welfare of the community as well as the public health service. She can be of great assistance in a clinic, but she should be instructed so that her services will be satisfactory. The volunteer may be trained to do tasks that will relieve the nurse in order that she may have more

opportunity to talk with the patients; the volunteer may assist the nurse in transporting equipment and setting up clinics in temporary quarters; in preparing publicity material, in making supplies and taking charge of a loan closet, and by supervising play activities of children at a child health conference. Utilizing volunteers will give them an opportunity to learn the activities and the value of a health unit.

TUBERCULOSIS NURSING SERVICE The nurse in a public health unit assists in finding the tuberculosis patients and contacts and in securing medical examination and supervision.

She assists under the authority of the county health unit in making epidemiological investigations. She arranges for nursing care, teaches through demonstration, supervises the care given by relatives, and interprets to the patient and family the importance of personal hygiene and the precautions to be taken to prevent the spread of the disease. She also assists the family in maintaining a social and emotional adjustment.

The nurse interprets to the public the activities for prevention, control and cure of tuberculosis, and the services of clinics, sanatoria, private physicians, health departments and social agencies.

Section 3

MATERNAL AND CHILD HEALTH NURSING PROGRAM

The protection of the health of mothers and young children is a very important function of the public health nurse in a county health unit. The continuity of the care of mother and child from conception on through the period of prenatal and neonatal life, through infancy and the preschool years should be emphasized.

MATERNITY NURSING SERVICE

The public health nurse giving maternity nursing service has the following functions:

1. She endeavors to get in touch with all prospective mothers as early in pregnancy as possible.

2. She assists in securing medical and dental supervision for the mother during the maternity cycle.

3. She assists in planning and preparing for confinement and in securing a postpartum medical examination of the mother.

4. She gives or assists in arranging for nursing care throughout the maternity cycle, including assistance at home confinements and care

to the mother and baby during the postpartum period. The amount of care which the nurse gives depends on the conditions in the home and the ability of the attendant who gives the care during the periods between the nurse's visits.

5. She teaches through demonstration and supervises care given by relatives, attendants, and midwives.

6. She instructs the mother and father and helps them carry out medical advise regarding:

a. Hygiene of pregnancy and of postpartum period.
b. Preparation for delivery and for postpartum care
c. Care and feeding of the baby.

7. She observes the physical and emotional health of all members of the family, and assists in securing care when necessary. Her observations should include the following:

a. General hygiene and nutrition of the family.

b. Attitude of members of the family toward each other and toward the new baby.

c. Attitude of the patient toward members of the family, toward her present pregnancy, and toward the new baby.

d. General health condition of members of the family.

8. She assists in securing help for the family in making necessary adjustments to the situation. The following are some of the adjustments which may have to be made to fit in with the changes which the

maternity cycle brings to the family:

a. An adjustment of the routine of family life. The nurse will help the mother plan the routines not only for herself and the new baby, but for the care of the rest of her household in order to conserve her own energy and the health and happiness of herself and the family.

b. An adjustment of the family budget.

c. An adjustment of living quarters.

9. She refers the baby to the family physician, to a pediatrician, or to the child health conference for continued supervision.

10. She assists in stimulating and educating the community to realize the need for:

a. Adequate facilities for maternal care.

b. Training and control of midwives.

c. Adequate education of nurses and physicians in maternity hygiene.

d. Elimination of the necessity for the expectant mother to do heavy industrial work, farm work or housework.

e. Freedom of the mother from insecurity due to inadequate income and unfavorable living conditions.

f. Provision for aid in the adjustment of individual problems.

GROUP INSTRUCTION Group instruction may be given by the public health nurse to parents through:

1. Maternity classes and clubs.
2. Fathers' classes and meetings.

3. Mothers' classes.
4. Meetings of civic and social organizations.
5. Maternity clinics or conferences.

SELECTION OF CASES In rural areas where careful planing is especially important because of the large areas served and large case loads carried by individual nurses, a selection of patients for visiting is imperative. The following criteria for this selection have been developed from a study made by the United States Public Health Service:

1. Women pregnant for the first time.
2. Women who have been pregnant before, but who have never given birth to a live child.
3. Women who have had more or less severe complications with previous pregnancies.
4. Women in the lower income groups who are unable to provide themselves with adequate medical and nursing care.

CHILD HEALTH SERVICES The functions of the public health nurse in a program for infant and preschool health supervision may be described briefly as follows:

1. To assist in securing complete birth registration in the community.
2. To assist in securing medical supervision, dental examinations, and the correction of defects for every child.
3. To give or arrange for nursing care for sick children; to teach through demonstration and to supervise the care given by relatives and attendants.

4. To assist in the control of communicable diseases, through teaching the recognition of early symptoms, the importance of isolation and the value of immunization.

5. To participate in programs for the prevention of handicaps and for the care and education of handicapped children.

6. To assist the family to carry out general and specific advice concerning the proper feeding of children, and emphasize the value of breast feeding.

7. To assist the family to carry out general and specific medical instructions concerning the hygiene and daily regime of the child, and to teach the parents the desirability of establishing sound health habits early.

8. To help the parents to have an understanding of the child's personality development and how it may be fostered.

MIDWIFE SUPERVISION County public health nurses should conduct monthly classes for midwives and the following points should be stressed:

1. Inspection of equipment contained in the midwives' bags.

2. Explaining or showing the articles the mother should have for a home delivery.

3. The hand scrub for the midwife.

4. Modern prenatal clothing.

5. Baby's layette.

6. The use of the sterile obstetrical package.

7. The preparation of the room to be used for delivery.

The nurse should demonstrate to the midwives the conduct of the delivery which includes:

1. Preparation of the patient for delivery.
2. Preparation of the midwife (wearing of cap, mask and sterile apron)
3. Immediate care of the newborn infant and mother during and following delivery.

In order that the midwives will have a better understanding of the content of each demonstration, the nurse should select two midwives, one to act as a midwife and one as the midwife "helper". These two return the demonstration previously given by the nurse. Each member of the class should participate in the demonstration, for these practice periods enable the nurse to observe the technique used by the midwives. At the next meeting the order should be reversed and the person who acted as the midwife will take the part of the "helper".

The importance of the midwife's arranging to have a helper during delivery should be stressed. A helper may be any relative or neighbor.

The public health nurse should make postpartum visits on all midwife cases. Midwives should not accept cases unless the patients have attended the prenatal clinics. Midwives are permitted to deliver only normal patients. All midwives are given cards addressed to the nurse in their district; and the data on these cards is filled in by the attending midwife and returned immediately following delivery.

Before being given a license to practice, the midwives are required to have physical examinations with corrections made. Special

emphasis should be placed on treatments being given where a positive Wasserman or Kahn test is found.

Midwives should wear gray cotton uniforms with an insignia on the arm band bearing the current year. This is an educational measure which permits the public to know that the person engaged is a licensed and registered midwife for the current year.

Section 4

VENEREAL DISEASE NURSING SERVICE

There are many reasons for believing that the educated patient is one of the prime motive forces in venereal disease control. The nurse who is misinformed or poorly prepared either misinforms the patient or must necessarily confine herself to generalities. It cannot be too strongly emphasized that effective work in venereal disease control requires well adjusted, well informed and adequately trained personnel.

OBJECTIVES OF A VENEREAL DISEASE CONTROL PROGRAM

1. Early diagnosis and adequate treatment for every infected person.
2. Prevention of the spread of these diseases by finding contacts and sources of infection and seeing that they are examined.
3. Prevention of congenital syphilis through the control of syphilis in pregnancy.
4. Prevention of ophthalmia neonatorum.
5. Intelligent management of the late stages of these diseases in order to avoid incapacitating complications.
6. Education of the public.

FUNCTIONS OF A VENEREAL DISEASE NURSING PROGRAM

1. Promotes continued treatment through assisting the patient to follow prescribed routines, and cooperates with other agencies to this end.

2. Assists in finding cases and contacts, and in securing medical examinations.

3. Assists in making epidemiological investigations.

4. Promotes the reporting of cases.

5. Gives or arranges for necessary nursing care; teaches thorough demonstration and supervises care given by others.

6. Teaches patient and family the importance of personal hygiene and the precautions to be taken to prevent the spread of infection.

7. Teaches the scientific facts concerning these diseases in an effort to eliminate traditional stigma.

CASE FINDING

1. The unknown case is discovered through recognition of symptoms, physical examination, skill in family history taking, and serologic surveys.

Public health workers must be trained to recognize signs, symptoms, and items of medical history which suggest the disease. Patients and families should be educated as to the value of the periodic medical examination. Antepartum patients and persons whose symptoms or history may suggest the disease should be referred for physical examination.

2. Contacts of all known cases are ascertained and their examinations secured through the skillful interviewing and teaching of the patient.

If the infection in the patient is an early one, the investigation should be pushed rapidly to its conclusion; for the source may still be spreading disease, and those whom the patient may have exposed present the maximum opportunity for prompt case finding and eventual cure. It

should be borne in mind that the important consideration is sex contacts rather than household members. The nurse arranges for visits to contacts when the patient requests it or when the patient refuses to see them himself.

CASE HOLDING

1. The first and most eseential step in case holding is taken when each patient begins the treatment.

If the instruction has had meaning, the patient will have a realization of the seriousness of the infection and the necessity for treatment for himself and protection for others.

2. In all situations, educative, constructive methods should be used. The coercive or threatening approach brings unsatisfactory results. Willful uncooperative persons who are in a communicable state of the disease are reported to the health officer.

The recalcitrant patient who needs legal force is usually already a social problem apart from his attitude toward his disease. Enforcement measures are essential, but should be used judiciously and applied with care to truly serve the interest of public health. Compulsion alone has not decreased the prevalence of disease. Where it is known that drastic measures are too readily employed to keep patients under control there is a remarkably low proportion of new admissions.

3. Whenever a patient lapses from treatment the fault lies with the worker rather than with the patient.

Case holding is dependent upon so many different factors that it is impossible to separate it from treatment technic, control of untoward reactions, the attitude of the physician, clinic environment, education of the patient, economics, transportation facilities, and a multitude of other factors. Aim to anticipate those factors which lead to the neglect of treatment.

FOLLOW-UP

1. The follow-up of lapsed cases should not be a perfunctory matter. Each visit should be carefully planned so that lasting results may be obtained.

Points to consider in planning follow-up visits to lapsed cases are:

a. A reinterpretation of medical orders.

b. Further instruction regarding the nature of the disease and the necessity for continuing treatment.

c. A discussion of ways in which the patient may be assured of protecting his family and associates.

d. Emphasis placed at all times upon the hopeful aspects of the situation and the possibility of cure.

e. Teaching modified to fit each home situation and adapted to the intelligence and expressed interest of the patient.

2. The woman should be treated after delivery for obvious reasons. The collapse of follow-up when the mother leaves the postpartum service is a notorious defect in management; so also is the follow-up of the child.

Examination of the child of a known syphilitic mother should be painstaking and should extend over a period of one year (weekly for

three months, monthly for six months, and at one year). Unless the baby has obvious clinical syphilis at birth as shown by a careful physical examination, judgment should be withheld.

3. The epidemiologic investigation is interesting, but does not lend much to the control program unless contacts are located and examined and all infected individuals are properly treated.

Tactful explanations to family contacts are highly important in order that satisfactory relationships may be maintained and the health of the members safeguarded. The contact is informed that he has been exposed to a communicable disease and urged to have a medical examination. If direct teaching is prohibited, general physical examinations may be suggested for other reasons.

PART V

MATERNAL AND CHILD HEALTH

Section 1

MATERNAL AND CHILD HEALTH SERVICES

The health of the mother and child so materially relates to the general health conditions of any community that maternal and infant morbidity and mortality rates are recognized as reliable indices of social and economic progress as well as health status. Because health services for mothers and children are so important in building a stronger, more contented, and more efficient nation, special maternal and child health services have been developed as a part of every generalized public health program. The Maternal and Child Health Bureau of the State Board of Health, established in 1936, is the official agency through which these services are made available to local communities through county health departments.

OBJECTIVES — The following are the objectives of the Bureau of Maternal and Child Health:

1. Study of causes of maternal and infant morbidity and mortality.
2. Promotion, organization, planning, support and consultation on programs designed to reduce infant and maternal morbidity and mortality.
3. Establishment and maintenance of improved standards of care for mothers and children.

4. Promotion of services for mothers and children in need of care especially those in rural areas and areas of economic distress.

5. Cooperation with state and local agencies, public and private, in programs relating to maternal and child health.

6. Integration of maternal and child health services with general public health programs.

7. Cooperation with state and local medical societies and practicing physicians in the development of maternal and child health services.

8. Promotion of inclusion of public health methods relating to the health of mothers and children in the private practice of medicine.

9. Cooperation with the medical profession in the attainment of public health objectives, elevation of standards of care and in the dissemination of information relating to the health of mothers and children.

10. Promotion of health education relating to maternal and child health services for the entire population.

PERSONNEL OF MATERNAL AND CHILD HEALTH BUREAU

The personnel of the Maternal and Child Health Bureau consists of a director who is a pediatrician, a maternal and child health nursing consultant, a midwife consultant, a Negro nurse-midwife and a secretary. Provisions have been made for the employment of an assistant director with obstetrical experience and a nutritionist. It is planned to employ qualified obstetricians and pediatricians as consultants, with special training and experience in their respective fields, who will be available to local physicians for consultation upon request of the county health officer.

PROFESSIONAL ADVISORY COMMITTEES The maternal welfare and the child health committees of the Florida Medical Association act as advisory committees to the Bureau of Maternal and Child Health. These committees assist the Bureau in the planning and development of programs, the establishment of standards and in the technical problems relating to the administration of programs. Additional professional advisory committees will be developed as need arises in other phases of the program.

SOURCE OF FUNDS Funds for maternal and child health services in Florida are derived from several sources which are listed below:

1. Local Funds. Funds appropriated by local governmental agencies such as city and county boards of commissioners, city and county boards of public instruction and contributions from private organizations.

2. State Funds. State funds appropriated by the legislature specifically for the support of local county health units.

3. Federal Funds. Federal funds under Title V, Part 1 of the Social Security Act administered by the Children's Bureau, U. S. Department of Labor, alloted to states for maternal and child health services on the basis of need, number of live births, infant and maternity morbidity and mortality, population and economic status.

   These funds are made available to the Florida State Board of Health which is the agency authorized under the state law to receive such funds. The State Board of Health in turn makes a portion of these Federal funds available to county units for maternal and child health services. In order to obtain a portion of these funds, the State Board of Health must show that state and local funds in an equal amount have been allocated and will be spent specifically for

maternal and child health services. Another portion of the Federal funds is alloted for maternal and child health services on the basis of need without the requirement for matching.

Federal payments are made to the state on the basis of state plan and budget which are submitted to and approved by the State Board of Health and Chief of the Children's Bureau, prior to the beginning of each fiscal year. Federal payments to the state are dependent on the carrying out of the approved plan, as the State Health Officer is required to submit a sworn statement of his intention to carry out the plan when he submits it for approval to the Federal agency. State and Federal funds are made available to supplement and extend services. They cannot be used to substitute or replace local funds.

Funds from the three sources, local, state and Federal, are used to pay for local public health services for mothers and children and are shown in the over-all budget, a copy of which is sent to each director of county health units at the beginning of each fiscal year.

PREPARATION OF ANNUAL PLAN AND BUDGET

In order for the Bureau of Maternal and Child Health to understand local needs for funds and services and enable the Bureau to prepare a state plan requesting Federal funds, each county unit director is requested to prepare annually a plan and budget of the proposed local maternal and child health services for the following year. These plans and budgets should be forwarded to the state Bureau of Maternal and Child Health not later than April first of each year as the consolidated state-wide plan and budget is submitted to the Federal agency early in May.

In the preparation of county health unit budgets amounts are shown for specific items of maternal and child health services. Changes should not be made in these amounts, approved for the various items in the local budgets, without the approval of the Director of the Bureau of Maternal and Child Health, as such changes may involve adjustments in other items. It is especially important that the directors of county health units should avoid expenditures in excess of amounts for any item for maternal and child health services in the local approved annual budget without first obtaining the approval of the Director of the Bureau of Maternal and Child Health. Obligations incurred in excess of the approved amounts resulting in a deficit at the end of the fiscal year must be met from local funds as they cannot be paid from state or Federal funds.

It is realized that the state and Federal fiscal year do not coincide with the county fiscal year. For this reason the amount of county funds included in local budgets submitted in May each year will represent an estimate of the amount it is anticipated the local levying bodies will appropriate for health services. These amounts are subject to revision when the actual county appropriations have been made.

Supplements. When additional funds for maternal and child health services are necessary to meet a need not provided for under the approved plan and budget, a supplemental plan and budget can be submitted to the Director of the Maternal and Child Health Bureau at any

time during the fiscal year.

The approval of a supplemental plan and budget will depend on the availability of funds for maternal and child health service from all sources.

Amendments. When it appears necessary for a county health director to modify the approved local plan and budget -- due to conditions that could not be foreseen at the beginning of the fiscal year -- an amendment may be submitted to the Director of the Bureau of Maternal and Child Health requesting a change in the local plan and budget. This amendment should clearly indicate the necessity for alteration in methods or procedure and for the shifting of funds. When changes are submitted in the form of an amendment, the items to be changed should be clearly indicated and the amount to be changed for each item. The total amount of the budget for maternal and child health service, however, is not to be altered by this procedure. An increase in any item must be matched by a corresponding decrease in another item or items.

Local plans and budgets should not be amended without careful consideration of the full scope of the local program and local public health problems. Care should be exercised at all times to preserve a well-balanced public health program.

Amendments to the plan and budget cannot be considered unless they are submitted at least one month prior to the end of the quarter to

which they apply.

When a change is to be made involving a salary or travel expense, the effective date of the change should be indicated in submitting the amendment to the plan and budget.

EXPENDITURES Types of expenditures ordinarily included in local public health budgets for maternal and child health services are as follows:

Salary and Travel. Items for salary and travel should be entered separately. The monthly rate for salary and for travel should be entered after each position. When the entire salary and travel of an employee of the local staff who is to render maternal and child health services are shown on the local maternal and child health budget the entire time of that person should be devoted to maternal and child health activities or a proportionate amount of time of other county health unit employees engaged in maternal and child health activities should be shown to justify the inclusion of the entire salary and travel of the full-time employee on the budget. If only a part of the time and travel of one employee on the local staff is to be devoted to maternal and child health services that portion of salary and travel time should be shown on the budget. Adjustments will necessarily be required in connection with salary and travel expenses of various employees of the staff with the development of the generalized public health program in the unit. An explanation should be submitted

along with the local annual plan and budget when an employee or employees of the staff are only giving part time to maternal and child health services.

Equipment. There are two types of equipment provided in local maternal and child health budgets -- office and scientific. Office equipment includes desks, chairs, files, typewriters, and such other materials of a permanent or semi-permanent nature not used in diagnosis or treatment. Scientific equipment includes examination tables, waste receptacles, syringes, blood pressure apparatus, clinic instruments, etc. of a permanent or semi-permanent nature used in diagnosis and treatment.

Supplies. There are two types of supplies provided in local maternal and child health budgets -- office and scientific. Office supplies include stationery, filing cards, typewriter ribbons, pencils, ink, stamps, envelopes, etc. of an expendable nature not used in diagnosis and treatment. Scientific supplies include sheets, cotton, gauze, disinfectants, needles, gloves, and drugs of an expendable nature used in diagnosis and treatment.

Expenditures for maternal and child health equipment and supplies should be budgeted from local funds whenever possible -- unless the county unit is being established or the services are being extended through the establishment of new centers. In which instance, the

Maternal and Child Health Bureau will, on written request of the county health officer, contribute a portion of the cost of purchasing the original equipment and supplies.

Professional Fees. Fees for professional services of physicians and dentists should be budgeted separately. The rates of remuneration for each type of professional service should be given in the annual plan. These rates should be based on several factors. From the point of view of the physician, the amount of compensation is determined on the basis of:

1. The responsibility assumed by the physician.
2. The specialized training of the physician.
3. The amount of time required for providing the services.

From the point of view of the health service, the remuneration is dependent upon:

1. The amount of funds available for the various types of services included in the public health program.
2. The number of persons requiring the services.

Rates of remuneration for physicians and dentists are established after consultation with the special advisory committees of the professional organizations involved. For the present, due to limited funds, the maximum fee that can be paid to general practitioners and dentists for clinic service should not exceed $3.50 per hour.

When the part-time physicians conducting clinic service for the county health units are required to travel outside the limits of the

city in which they reside a small amount may be included in the budget for travel expense not to exceed five cents per mile traveled.

In order to prepare for emergencies the county health director should provide in the local annual plan and budget for the employment of specialized consultants in the various fields such as pediatrics, obstetrics, specialized dentistry and others. A qualified specialist is defined as a physician or dentist who has had five years of specialized training and experience in the limited field of his specialty or who has limited his practice to this special field for five years and who is eligible for or certified by the board of his specialty.

The consultation services of these specialists should be made available to local practitioners only in cases of a difficult or unusual nature requiring specialized training and experience. Additional compensation can be paid to these specialists.

Before making final arrangements for the employment of such specialists for consultation services the name, address, qualifications and rates to be paid by the county health unit should be submitted for approval to the Director of the Bureau of Maternal and Child Health. The procedure to be used in paying for these specialists is the same as that established for the payment of part-time clinicians except that a brief description of the consultation should be entered on the reverse side of the fee requisition form. Payment for this type of

service which will be made from a special account can only be approved under the following conditions:

1. The service must be requested by or through the county health officer.

2. The request for payment must be approved by the county health officer and be submitted on maternal and child health professional fee requisition forms to the Director of the Bureau of Maternal and Child Health with a brief account of the results of the consultation entered on the reverse side of the form.

3. Payment must be approved by the Director of the Bureau of Maternal and Child Health.

Contingent. Expenditures from contingent funds for maternal and child health services are limited to expenditures for equipment, supplies and other items not specifically set forth in the budget and for emergencies that cannot be anticipated in preparing an annual budget. Contingent funds should not be used to supplement amounts for items in the regular budget.

Section 2

SUGGESTED OUTLINE FOR ORGANIZATION OF LOCAL MATERNAL AND CHILD HEALTH SERVICES

I. Types of services

A. Clinics -- The county health unit should provide clinic services for mothers and children in the community who cannot obtain such services from family resources. In the organization of clinic services for mothers and children consideration should be given to the following, among other factors:

1. Type of clinic service (Infant, preschool, maternal and others).

2. Provision for privacy in taking histories, examinations and treatments and in preserving the physician-patient relationship.

3. Regularity of clinic hours.

4. Establishment of systematic procedure for giving publicity to availability of clinic services and for reaching mothers and children in need of care.

5. Establishment of average optional case loads for various types of services in order to maintain a satisfactory quality of services. Regulation of case load through appointment system and nursing follow-up.

6. Provision for holding clinics when scheduled part-time clinician fails to appear and in emergencies.

7. Conversion of clinics into nursing conferences in the absence of clinician and health officer.

8. Scheduling of clinic dates to equalize case load that takes into consideration holidays and vacation periods.

9. Frequent appraisal of clinic services in order to learn whether:

a. General objectives are being attained.

I. Types of Services (continued)

A. Clinics (continued)

9. b. Quality can be improved.

c. Service of any type should be increased, decreased or discontinued.

d. Clinic is being operated in a systematic and efficient manner.

e. The clinic is conducted in a dignified spirit of helpfulness and the physician-patient relationship is sympathetically maintained.

f. The clinic is being used as a means of dissemination of health information to best advantage.

10. Provision for recording clinic visits, diagnosis and treatment.

a. Advantage of family case record folders.

b. Immunization records (The Bureau of Maternal and Child Health has small blue cardboard folders with space for appointment dates, immunization recording, record and weight curve available on request).

11. Development of transportation facilities for clinic patients through local public health committees and community organizations.

12. Development of plan for using volunteer or part-time workers for clerical or minor technical services.

13. Use of personnel from NYA and WPA, or Red Cross and other volunteer agencies for assistance in minor clerical or technical services.

B. Public Health Nursing -- Maternal and child health nursing services are provided as follows (see also Part IV, "Public Health Nursing" page 119):

1. Home visiting instructions.

2. Office nursing services.

3. Nursing conferences.

I. Types of services (continued)

B. Public health nursing (continued)

4. Classes and demonstrations

5. Clinic services

6. School health education

7. Nursing follow-up

C. Midwife Licensing and Regulation -- Under authority granted by Florida Legislature of 1931 (GENERAL LAWS OF FLORIDA, 1931, Chapter 14760) the State Board of Health is empowered to regulate the practice of midwifery.

1. Licensing and registration -- procedure to be followed in obtaining license:

a. Application must be made to the Bureau of Maternal and Child Health on properly completed, prescribed form application to practice midwifery, which is signed by two physicians registered and licensed to practice in the state.

b. Form #2 -- Physical examination of midwife must be properly completed, signed by a physician and submitted with the application.

c. A fee of $1.00 for registration of the license must accompany the application and physical examination forms.

d. Upon recommendation of the Director of the Bureau of Maternal and Child Health, a license will be issued by the State Health Officer.

e. Registration of the license signed by the State Health Officer with clerk of the circuit court in which the applicant resides is required each year before the applicant begins practice.

f. Licenses are issued for a period of only one year beginning January 1. A new license must be obtained for each calendar year.

I. Types of services (continued)

C. Midwife Licensing and Regulation (continued)

1. g. Registration of the license is required for each calendar year. A fee of $1.00 is charged for registration by the State Board of Health. Forms for making application for license and registration are provided by the State Board of Health. Copies of these forms are mailed to all licensed midwives in the state each year soon after October 1.

2. Revocation of license -- The license to practice midwifery may be withheld or revoked upon the violation of any of the rules and regulations or any lawful order of the State Board of Health, the provisions of the state law, or rules and regulations of local departments of health.

A license may be withheld or revoked for any of the following violations:

a. Use of artificial methods to influence the progress of labor.

b. Internal examinations.

c. Failure to instill silver nitrate solution into eyes of baby at birth.

d. Advising or administering medicine or drugs.

e. Attendances upon parturient woman while under influence of drugs or intoxicating liquors.

f. Evidence of active communicable disease.

3. Supervision -- The State Board of Health provides containers, without charge, for stool and sputum examinations, throat cultures, Kahn tests, and vaginal smears. (With the cooperation of the local or district medical society it is planned in the near future to have the mobile x-ray unit of the Division of Tuberculosis make x-ray examinations of all midwives at the time of the visit of the unit to the county. A record of the result of the examination will be filed with the physical examination of the midwife and a copy sent the county health officer).

I. Types of services (continued)

C. Midwife licensing and regulation (continued)

4. Responsibility of county health officers — The observance of the state law and regulations relating to the practice of midwifery in each locality is the responsibility of the county health officer.

5. Supervision of instruction

a. Instruction -- The State Board of Health recommends that county health officers arrange for regular planned instruction of midwives at least once a month.

b. On request of the county health officer, the State Midwife Consultant will visit the county and instruct the nurse in midwife supervision and procedures, and to directly observe the techniques and conduct of deliveries by midwives.

c. Upon request of the county health officer, the Negro midwife teacher will visit the county to do follow-up work, hold classes, and demonstrations.

II. Studies and demonstrations

A. Maternal mortality survey -- In conjunction with the Maternal Welfare Committee of the Florida Medical Association, the Bureau of Maternal and Child Health conducts a continuous program of study into the causes of maternal mortality. The procedure for conducting the study is as follows:

1. Upon receiving notice of a maternal death, the Chairman of the Maternal Welfare Committee writes the physician who signed the death certificate advising him that the county health officer or a member of his staff, who is assisting the Committee in this work, will call upon him.

2. At the same time, a photostatic copy of the death certificate attached to a questionnaire is forwarded to the county health officer.

3. The attending physician is asked to give additional information requested by the Committee.

II. Studies and demonstrations (continued)

A. Maternal mortality survey (continued)

4. The replies to the questionnaires are forwarded by the county health officer to the Bureau of Maternal and Child Health where the information is tabulated for the use of the Committee. All information given is regarded as confidential and individual cases are identified only by numbers.

Plans are being worked out to obtain this information on maternal mortality from physicians in counties without full-time health service.

B. Study of anemias of pregnancy and childhood -- The Bureau of Maternal and Child Health has arranged with the Bureau of Laboratories of the State Board of Health to determine the haemoglobin content of oxalated blood specimens sent in by county health units. The county health officers are urged to use this service in checking the degree of anemia during pregnancy and the anemias resulting from infection with intestinal parasites. Temporarily, an arrangement has been made with a commercial firm to provide coated ferrous sulfate tablets for a study of the effect of administration of iron in this form on these anemias.

C. Play equipment -- The Bureau of Maternal and Child Health has developed a set of patterns for the construction of inexpensive play equipment for health centers based on a study of appropriate and safe toys that have educational value suited to all age groups. Patterns of these toys for use in equipping public health centers will be loaned by the Maternal and Child Health Bureau on request of county health officers. A pamphlet on the use and value of toys and play equipment is sent on request.

D. Premature infant incubators -- Descriptive material, specifications for construction of incubators for premature infants are available for use of county health units. A bibliography on the care of premature infants is available on request to the Bureau of Maternal and Child Health.

REFERENCE MATERIAL FOR MATERNAL AND CHILD HEALTH SERVICES

Maternity Service

1. "Prenatal Care", U. S. Children's Bureau Publication #4
2. "Standards for Prenatal Care", U. S. Children's Bureau Publication #153
3. "Maternal Care" by F. L. Adair, M. D., University of Chicago Press
4. "What Builds Babies", U. S. Children's Bureau Folder #4
5. "The Expectant Mother", U. S. Children's Bureau Folder #1
6. "How Does Your Baby Grow", Maternity Center Association, New York City (Diagrams and Explanation of Gestation)
7. "Prenatal and Infant Care", Maternity Center Association, New York City (Posters - Series of Six)
8. Gestation Chart, Mead Johnson Company (Large 36"x36" heavy cardboard clock arrangment for calculating delivery time. Small pocket size charts 4"x4" are also available. Only one available to each health unit)
9. Birth Atlas, Maternity Center Association, New York City(Series of 16 photographs 18"x20" bas relief models showing stages of gestation-Robert L. Dickinson Models)
10. Maternity Hand Book, Maternity Center Association, New York City

Reference Books

1. DeLee: PRINCIPLES AND PRACTICE OF OBSTETRICS, Saunders, Philadelphia
2. Stander: WILLIAMS' OBSTETRICS, Appleton Century, New York
3. Beck: OBSTETRICAL PRACTICE, Williams & Wilkins, Baltimore
4. VanBlarcom: GETTING READY TO BE A MOTHER, Macmillan, New York
5. Corbin: GETTING READY TO BE A FATHER, Macmillan, New York

Infant Hygiene Service

1. "The Child-Health Conference", U. S. Children's Bureau Publication #261

2. "Infant Care", U. S. Children's Bureau Publication #8 .

3. "Objective and Technique for Conducting Child Health Conferences" (reprint from THE CHILD, September, 1939, U. S. Children's Bureau)

4. "Appraisal of the New Born Infant", U. S. Children's Bureau Publication #242

5. "Premature Baby" U. S. Children's Bureau

6. "The Child from One to Six", U. S. Children's Bureau Publication #30

7. "Are You Training Your Child to be Happy", U. S. Children's Bureau Publication #202

8. "Good Posture in a Little Child", U. S. Children's Bureau Publication #219

9. "Well Nourished Children", U. S. Children's Bureau Folder #14 (Discussion of diets and feeding of children)

Reference Books

1. Griffith and Mitchell: DISEASES OF INFANTS AND CHILDREN, Saunders, Philadelphia

2. Brennemann: PEDIATRIC EXAMINATION OF THE CHILD (excerpts from Brennemann's Practice of Pediatrics) Prior, Hagerstown, Maryland

3. Chenoweth: SCHOOL HEALTH PROBLEMS, Crofts, New York

MATERIALS AND PUBLICATIONS DEVELOPED BY BUREAU OF MATERNAL AND CHILD HEALTH, STATE BOARD OF HEALTH

1. "Care of the Mother and Child"(Loose-leaf pamphlets adapted for binding, 58 separate sheets)

2. "Public Health Nursing Care of Premature Infants" (3 pages)

3. Designs and Specifications for Construction of Obstetrical Table

4. Design and Specifications for Construction of Multiple Units of Infant Dressing Tables

5. "Play in the Preschool Age" (Pamphlet on value of play and selecting toys)

NOTE: Copies of some of the above named publications can be obtained on request from the Bureau of Maternal and Child Health, Florida State Board of Health, Jacksonville.

Section 3

DENTAL HEALTH

BUREAU OF DENTAL HEALTH

The Bureau of Dental Health is composed of a director, an assistant director, and a secretary.

A committee of five, representing the five district dental societies of the state, cooperates with the Bureau and assists in formulating plans and organizing the program in different counties of the respective districts. Each district dental society has a committee of five on dental health which cooperates with the state committee. Members of these committees are selected from dentists who show an interest in public health work, and they serve on the committee for a period of three years.

OBJECTIVE

Public health dentistry in its true sense is preventive dentistry. As prevention cannot be brought about to any great extent until the greater balance of the people have both the knowledge and the will to protect themselves from dental disease, the program of the Bureau of Dental Health has been planned around the idea of prevention of dental disease through education.

PLAN

In considering this enormous problem, an educational program, as all-embracing as possible with the Bureau's limited funds and personnel, has been designed to reach first, the expectant mothers; second, the greatest number of preschool, primary, and elementary school children; third, high school students, teachers, and parents; and last, the public in general. Information on dental health consisting of educational material for expectant mothers, preschool, primary, elementary, and high school students, teachers, and parents may be secured from the Bureau of Dental Health upon request.

EDUCATION

Realizing the effectiveness of visual education, the Director of the Bureau of Dental Health has written and produced a dental health motion picture in sound and color with action by marionettes. Comedy is interspersed throughout the play to hold the interest of the children, while dental and general health rules are stressed and brought out by the conversations of the teacher, school dentist, the children, and the fairy-land characters. This film is especially recommended for primary and elementary school children, but it has also proved of real educational value and interest to older groups.

Upon request of the county health officer, the film will be shown by the Bureau of Dental Health in conjunction with the educational pro-

gram. As only one film is available at the present time, it is necessary to make application well in advance of the date of showing.

For instruction of the general public, this Bureau will supply dental health literature to health officers, dentists, and other speakers appearing on programs of schools and civic organizations in the interest of public health dentistry. The Director and the Assistant Director of the Bureau of Dental Health will present dental health talks and lectures upon request on school, parent-teacher association, and other civic organization programs.

Exhibits and literature on dental health will be furnished for fairs and expositions. Application for exhibit material should be made to the Bureau of Health Education of the State Board of Health.

Literature and other aids for teaching dental health may be secured free or at small cost from the following sources:

Bureau of Public Relations
American Dental Association
212 East Superior Street
Chicago, Illinois

Good Teeth Council for Children, Inc.
400 North Michigan Boulevard
Chicago, Illinois

Metropolitan Life Insurance Company
1 Madison Avenue
New York, New York

INDIGENTS

In the survey of preschool and school children made by the Bureau of Dental Health in 1938-1940, the children, as nearly as possible,

were divided into three groups; those able to pay, those that might or might not be able to pay, and those unable to pay. The nurses, school teachers, and welfare workers were requested to make these classifications; and, although they are not absolutely correct, they give a very good cross section of the state's population. The ratio of those able to pay was 20 percent as compared to 35 percent not able to pay, and 45 percent doubtful as having means to pay a small fee or anything at all. It is felt that any educational program will not be of maximum efficiency unless some provision is made to care for the near-indigent and indigent children.

The Bureau of Dental Health does not provide clinical relief to any community; neither does the Bureau promote corrective programs unless the local dentists in conjunction with the county health unit or with civic organizations are themselves willing to conduct such programs. Locally sponsored programs are far more to be desired than those furnished by an outside agency.

Dental Program of the County Health Unit

Experience and observation prove that dental health programs are much better received in those counties having full-time health units than in counties without such service, and it is through these sources that the dental profession has the best opportunity for reducing dental defects and creating a public more conscious of the value of dental

health.

PLAN Public dental health in its broadest sense looks to protecting and promoting the dental health of all the people, all the time; and not that of some of the people, part of the time; therefore, any county health unit's plan for promotion of dental health in the community would include:

1. Education, inspection, and corrective program for prenatal and postnatal cases who cannot afford these services.

2. Education program for

   a. Maternity patients
   b. Preschool children
   c. School children in all grades
   d. Teachers - parents
   e. General public

3. Inspection program for

   a. Preschool children
   b. School children through elementary grades

4. Corrective program for

   a. Preschool children who cannot afford dental care
   b. School children through elementary grades who cannot afford dental care

It is most necessary that dental care for the preschool child be stressed. The summer round-up plan has not proved very satisfactory and it is suggested that children in the primary and elementary grades be urged to bring their preschool brothers and sisters with them to

school at designated times during the year for the inspection program. Those needing dental service can then be given appointments through the health unit and taken to the dental office.

Any good educational program should teach the children the correct diet and stress the harm resulting from over-consumption of concentrated sugars. Most research on dental caries during the past few years has shown nutritional deficiencies to be the major cause of dental disease. In this connection, the cooperation of the county agricultural teacher or agent with the grade teachers in having the children grow gardens is urged. This method of education is proving very satisfactory not only in dental health but also in general health as well.

MCH FUNDS AVAILABLE FOR DENTAL FEES

In some health unit counties, maternal and child health funds are available for payment of dental fees to local dentists. These can be obtained through application by the county health officer when the county health unit annual plan and budget are submitted. These funds are definitely earmarked and should not be used for any other purpose. Before the county health unit officer expends any of these funds for dental fees, approval should be obtained from the Director of the Bureau of Dental Health. A report of the services rendered on a fee basis should be submitted through the Bureau of Local Health Service to the Director of the Bureau of Dental Health.

Due to the limitation in the amount of funds now available for dental services,it is necessary that expenditures for these services should not exceed the amount indicated for dental fees in the county health budget. Payments for dental fees in excess of the amounts in the approved budget cannot be made from state or Federal funds and will have to be made from additional local funds outside the approved budget.

Fee requisitions for dental services should be submitted in quadruplicate and include the following information:

1. Compensation per hour
2. Number of hours worked
3. Type of patient (old or new)
4. Type of service rendered as
    a. Extractions
    b. Prophylaxis
    c. Treatments
    d. Fillings

Until the time when funds are available, it is recommended that only emergency patients be accepted for treatment and that no attempt be made to render complete dental service to each patient. The deciduous teeth and the six-year molars which have a possibility of being foci of infection should receive first consideration. This service should include treatment, or extraction, or cement or amalgam fillings. As available funds, in most instances, are not sufficient to give complete dental service to all those in need, it is suggested that the silver nitrate treatment for deciduous teeth be used whenever possible.

This treatment has been found to be of assistance in arresting dental caries and can be used satisfactorily in deciduous teeth. By this simple form of treatment, services can be extended to a greater number of persons at a minimum cost. Should ample funds become available from any source, it is recommended that complete dental service be rendered to those in need of care.

CORRECTIVE PROGRAM

Several methods have been devised for providing dental services to patients in Florida who cannot obtain any type of dental service from their own resources. One, a corrective program with a full-time dentist, is proving satisfactory in some localities. The objection to this plan is that children are being taught to depend upon a clinic rather than their own dentists for services. Another plan is for local dentists to care for the children in their own offices and be paid for their services. This method has its disadvantages in that a conscientious dentist is imposed upon, while the careless dentist does nothing more than render a bill for services. An educational program is recommended with all corrective programs. The Bureau of Dental Health will assist the county health units in the organization and operation of dental health programs.

The psychology of a child doing something for himself should be applied in any corrective program. It is recommended that in every

case, if possible, the child be required to pay a small fee even though it is only a dime.

ELIGIBILITY FOR DENTAL SERVICE Requests for dental services for children should be signed by parents or guardians. A sample of the request card which has proved satisfactory will be mailed upon request.

SUMMARY For the convenience of county health officers, a summary is given below of the assistance on dental health problems available through the Bureau of Dental Health:

1. Evaluation of program
2. Methods of raising funds for corrective programs
3. Selection of corrective program
4. Selection of personnel for program
5. Selection of dental health literature
6. Selection of lantern slides
7. Selection of motion pictures
8. Methods of operating programs

PART VI

SANITARY ENGINEERING

Section 1

OBJECTIVES AND POLICIES

Sanitation has been well defined as "the prevention of disease by eliminating or controlling the environmental factors which form links in the chain of transmission". Tradition and misconception on the part of the general public as to the items of sanitation important in the control of disease often make a difficult administrative problem for the health officer in planning his sanitation program. There may be a strong popular demand for alleviating of conditions constituting a nuisance or offending the sensibilities. These may be appropriately included in the sanitation program, but as minor items. It is a duty of the county health unit to apply scientific knowledge and modern procedures in seeking to eliminate defective sanitation.

Limited personnel may not permit the development of a full sanitation program, particularly in newly organized units: it then becomes necessary to limit activities to sanitation problems which are most important in disease control, and particularly in the control of diseases that are important to the specific community. In the more meagerly financed health units, it is not possible to provide personnel for sanitation work who are technically qualified for some phases of sanitation. It is important that a county health officer, in planning

his sanitation program, should not make it so broad and comprehensive that it will be beyond the limits of the personnel available; nor should he include phases of work for which they are not technically qualified. Such program -- with a little on this, and a little on that, and in no case giving sufficient attention to produce results -- is doomed to failure.

Many of the sanitation standards are established by statutes or regulations: state laws may be found in the COMPILED GENERAL LAWS OF FLORIDA, 1927, and the regulations, in the FLORIDA STATE SANITARY CODE. The health unit should obtain copies and become familiar with the provisions of all these laws and regulations and of all sanitation ordinances in effect in incorporated municipalities under its jurisdiction. Bulletins on many activities have been prepared by the State Board of Health.

POLICY

It is the policy of the Bureau of Sanitary Engineering to inspire, not dull, the ambition or enthusiasm of county sanitary officers: yet on the other hand, one should guard against allowing these ambitions and enthusiasms to carry the sanitary officer into other fields for which he is not prepared, especially that of the sanitary engineer.

ADVISORY ASSISTANCE

An important function of the personnel of the State Board of Health

is furnishing technical and specialized advisory service to health units. Personnel is available specializing in the various sanitation activities, and their services may be secured by application through the Bureau of Local Health Service for assistance in solving difficult problems, technical investigations, and in training county sanitary officers. This personnel, however, is in no case available for conducting local programs, but only in assisting local personnel with their programs.

EDUCATION

Attempts to force sanitation and sanitary regulations upon people ignorant of the reasons presents serious difficulty. The problem is simplified if the health officer or sanitary officer in all contacts carefully explains the reason for the regulations and if a well-considered program of education is carried out along with inspections literature, group meetings of milk dealers, food handlers, etc., newspaper articles, radio talks, and exhibits at fairs, are some of the means for disseminating information to the public and should be constantly utilized.

ENVIRONMENT AND DISEASE TRANSMISSION

Listed on the following pages are the important diseases which are transmitted through defective sanitation.

DISEASES TRANSMITTED THROUGH DEFECTIVE SANITATION

Excreta Disposal

amoebic dysentery
bacillary dysentery
ascariasis
epidemic gastro-intestinal disturbances
poliomyelitis ?
hookworm disease
infantile diarrhea
typhoid fever
paratyphoid fever

Water Supply

amoebic dysentery
bacillary dysentery
epidemic gastro-intestinal disturbances
typhoid fever
paratyphoid fever

Milk

diphtheria
scarlet fever
septic sore throat
tuberculosis
typhoid fever
paratyphoid fever
undulant fever

Eating and Drinking Utensils

common colds
influenza
syphilis
possibly all diseases communicated by naso-pharyngeal discharges
trench mouth
paratyphoid fever
typhoid fever
tuberculosis

Animals

anthrax (cattle)
hoof and mouth disease (cattle)
rabies (dogs)
typhus fever and plague (rats)
psittacosis (parrots)
tularaemia (rabbits)
Brill's disease (ticks)

Mosquitoes

malaria
dengue fever
yellow fever
filariasis

Foods

actinomycosis
trichinosis
botulism
food poisoning
typhoid and para A & B
tapeworms
Salmonella infections
dysentery

Shellfish

typhoid fever
paratyphoid fever
food poisoning
dysentery
gastro-intestinal disturbances

Swimming Pools and Bathing Places

typhoid fever
paratyphoid fever
possibly many other communicable diseases, especially those communicated by naso-pharyngeal discharges
scabies
tuberculosis
ringworm

Housing

Aside from diseases due to unsatisfactory water supply, excreta disposal, plumbing, etc., referred to elsewhere, such items as crowding, ventilation, lighting, refrigeration and food storage, etc., are contributing factors in cases of tuberculosis and other diseases, in the transmission of communicable diseases.

Garbage Disposal

trichinosis and
indirectly concerned in diseases transmitted through flies, rats, etc.

Section 2

WATER SUPPLIES

PUBLIC WATER SUPPLIES The State Statutes define a public water supply as a system, publicly or privately owned, serving 25 or more persons. Sections 3181 (amended, Acts 1939) - 3184, and Section 7737, COMPILED GENERAL LAWS, 1927, give the State Board of Health supervision and control over the public water supplies of the state; require that the State Board of Health advise municipalities and water companies as to the most appropriate source of water supply and best method of insuring its purity; require that no installation of a public water supply, or alteration or extension to existing systems, be made until detailed plans and specifications are submitted to the State Board of Health and approval given for the same. This Statute also empowers the State Board of Health to issue orders requiring owners of water works systems to make such alterations as may be necessary to correct improper conditions.

The functions specified under these statutes are exercised by the Bureau of Sanitary Engineering, and the following procedures are recommended for county health units:

1. Cooperation with the State Board of Health. The Bureau of Sanitary Engineering will carry on its supervision of public water supplies in cooperation with county health units and must depend upon the county

health organizations for assistance in supervising small or less complex systems in time of emergency. The local sanitary engineer or sanitary officer should be entirely familiar with all of the systems in his area.

The county health unit should see that samples of water from all systems shall be submitted to the Bureau of Laboratories, State Board of Health, at such times and with such frequency as may be specified by the Bureau of Sanitary Engineering.

Regulations for the submission of plans for water works are defined in Chapter II,STATE SANITARY CODE, and in State Board of Health Bulletin #101-E. County health units should not make technical recommendations or give approvals, but should see that the regulations as to the submission of plans are complied with. Where recommendations are made by the Bureau of Sanitary Engineering, county health units should assist in seeing that these are carried out.

2. Extension of Public Water Systems.The county health unit should use its full influence and make every effort in promoting extensions to the public water systems so that they will be available and connected to every home possible, thus eliminating the use of private wells which are always questionable in any community.

SEMI-PUBLIC WATER SUPPLIES This heading includes those water supplies located at schools,dairies, highway service station, hotels,tourist camps, and other establishments where water is served to the public. All supplies are included that are served or made available to the public, but which do not come within

the definition of a public water system. The objective of this activity is that all dangerous supplies are eliminated or safeguarded and all supplies protected to a high standard in accordance with Chapter III, STATE SANITARY CODE.

The following procedures are recommended:

1. A General Survey of all Semi-Public Supplies in the County Should be Made as Soon as Possible. This survey should include depth, nature of construction of wells, etc.. and the results recorded and filed in the county health unit office. Where the survey indicates a safe and adequately protected water, a sample should be submitted to the Bureau of Laboratories for check.Where the source and protection are obviously defective, a laboratory sample is unnecessary until the defects are remedied.

2. Routine Inspection. A system of routine inspection and sampling of supplies should be established. At least one sampling should be made of apparently well protected supplies annually, with more frequent sampling of the more important supplies.

3. Correction of Defective Supplies. The owner of a dangerous water supply should be advised of its unsafe condition and instructed as to the best method of correcting the defects. Every effort should be made to work with the owner. However, if the owner of a dangerous supply definitely refuses to take the necessary action, a placard warning the public of the unsafe condition of the supply (the Sanitary Code Act makes it a misdemeanor to remove or mutilate the placard), legal action (Chapter III, STATE SANITARY CODE) may be taken where other means fail; and where an emergency exists such as an actual outbreak of disease, the health unit should not delay enforcing the law.

PRIVATE WATER SUPPLIES By "private water supply" is meant that used at a private home and not furnished or made available for public use.

The objective of a program in this connection is to get all homes connected to the public water systems where they are available, and to eliminate dangerous supplies from use or safeguard them so that all supplies are protected in accordance with Bulletin 104-E, "Water Supply in the Home".

These supplies constitute an individual rather than a public health problem and no legal measures may be taken against the home owner. The following procedures are recommended:

1. Inspection. Private water supplies should be investigated as part of the sanitary survey of buildings in the community, and a record made of the nature and suitability of the supply. A water supply should not be sampled for laboratory examination when the construction and protection of the supply are obviously defective and hence one laboratory examination may lead to a feeling of false security.

2. Cooperation with Local Officials. Every influence should be utilized with local municipal officials to extend water mains to built-up areas within the corporate limits, and when possible, to developed areas adjacent to municipalities. Water from a municipal system is generally the safest of all supplies and may be more easily kept safe. When water mains are accessible, every effort should be made to have all property connected.

3. Notification. Where private supplies are found dangerous, the owner or occupant of the residence should be notified, and specific instructions and assistance given him in remedying the defects. When laboratory samples are collected in connection with an investigation, results should be explained and their significance interpreted. Laboratory reports should not be simply transmitted to the householder to whom in most cases they are meaningless, but they should be filed in the county health unit office.

4. Education. The most potent measure in improving private water supplies is education of the public to dangers connected with such

supplies. Every possible step should be taken in this direction through talks to individuals as well as the public, through newspapers, films, radio, etc.

5. Procedure. If a request is received from a private water supply owner in an organized county, it is referred to the county sanitary officer who should visit the owner and make recommendations. A water sample is taken to supplement the report on sanitary conditions adjacent to the private supply and sent to the State Board of Health Laboratory. If a request is received from an unorganized county it is handled directly by the Bureau of Sanitary Engineering.

Section 3

DRAINAGE WELLS

Sections 3389 - 3393 and 7691, COMPILED GENERAL LAWS OF 1927, make it a misdemeanor to discharge sewage or surface drainage into the underground waters of the state without a written permit from the State Board of Health. These permits are revocable by the State Board of Health according to definite procedures provided by the statutes.

The objective of this program is to protect and insure the safety of water supplies derived from underground sources. The policy of the State Board of Health for years has been to issue no permit for the discharge of sewage into underground waters, and for discharge of non-fecal wastes only where no other method of disposal is feasible.

The following procedures are recommended:

1. Survey. A careful survey should be made of all wells in the local jurisdiction. These should be carefully checked with permits issued by the State Board of Health (Bureau of Sanitary Engineering), and those not under permit should be reported to the State Board of Health and listed in the local office. Information secured should include the nature of wastes discharged into the well, depth and construction of the well and other methods available for the discharge of wastes.

2. Issuance of Permits. Permits to be valid must be by the State Board of Health on approved form, signed by the State Health Officer. For administrative purposes under the statute this procedure is necessary

because of the important connection with approval and supervision of public water supplies and because drainage wells may affect water supplies in adjoining counties and communities out of the jurisdiction of county health units.

3. Cooperation with the State Board of Health. Because it is impossible to check the use of drainage wells adequately from a central state organization, it will be necessary for local units to participate extensively in the control of drainage wells. Applications should be secured from persons wishing to use drainage wells on the prescribed State Board of Health form. A thorough investigation should be made of the merits of the application and recommendations made on the application. Applications with these recommendations should be forwarded through the usual channels to the Bureau of Sanitary Engineering. Permits will be issued through the county health office. Where there is reason to believe that the public interest is being endangered, recommendation for revocal should be made in a similar manner.

Permits will be considered by the State Sanitary Engineer, however, only after field inspection has shown the following:

1. That no other means of disposal is available.
2. That the well will be properly constructed.
3. That fecal wastes will not be discharged therein.
4. That primary treatment is provided where needed.

All investigations of proposed drainage wells must be made prior to installation and pertinent data, submitted to the State Sanitary Engineer with the formal application which shall be made jointly by the owner or lessee and the well driller. DRAINAGE WELL PERMITS WILL NOT BE GRANTED BY LETTER OR WIRE UNDER ANY CIRCUMSTANCES.

4. Law Enforcement. County health officers should not hesitate to prosecute for use of drainage wells without proper permit, after due notice has been given and effort made to secure compliance with the law.

Section 4

WASTE DISPOSAL

PUBLIC SEWERAGE SYSTEMS The proper disposal of excreta is by far the most important of all sanitation measures. Practically all of the disease transmission due to impure water supplies is directly caused by pollution of the water by excreta. It forms, in nearly all cases, the most important item in connection with measures for safe sanitation.

The only entirely satisfactory method of excreta disposal is through a well constructed system of sewerage discharging its sewage where it may be adequately taken care of without nuisance or menace to the public health. Other measures for excreta disposal must be looked upon as temporary measures to be advocated only until it is possible to secure sewerage. The ultimate objective of any sanitation program, therefore, should be the installation of sewerage, extension of existing systems, and compulsory connection to sewers where the service is available.

The state statutes define a public sewerage system as a system, publicly or privately owned, serving 25 or more persons. Sections 3181 (amended ACTS 1939) to 3184, and 7737 and 7690, COMPILED GENERAL LAWS,

1927,give the State Board of Health supervision over all public sewerage systems and pollution of waters in the state.These sections provide that no public sewerage system shall be installed, altered or extended before plans and specifications are submitted to the State Board of Health for approval under such regulations as they shall require.

It is also required that the State Board of Health consult with and advise municipalities, corporations, public or private institutions, etc., as to the best method of disposal of sewage with respect to the needs of all communities or persons which may be affected thereby. The statutes also empower the State Board of Health, where it is found that a sewerage system or sewage disposal is in any way a menace to health or is creating a nuisance, to order such alterations as may be necessary to correct improper conditions. The Bureau of Sanitary Engineering is specifically responsible for these functions.

The following procedures for county health units are recommended:

1. Survey. As soon as possible a survey should be made of existing sewerage facilities in the county and, if possible, blueprints of plans showing the complete layout of the systems should be retained in the county health unit office. Surveys should be made without delay of houses connected to sewers; those with sewers available but not connected; and areas where sewers are not available, giving the concentration of population in such areas and the nature of housing. The health officer and sanitary officer should also familiarize themselves with the disposal of sewage, the treatment plant, and conditions surrounding this that might develop into a nuisance or menace to health. (Consultation with the Bureau of Sanitary Engineering will help to supply some of this data).

2. Cooperation with Local Officials. Every effort should be made to secure the cooperation of municipal officials in compelling connection of all homes to sewers where they are available. All influence possible should be exercised for the passage of an ordinance making it mandatory that such connections be made to all buildings in the incorporated area where sewers are adjacent to the property. In built-up areas within corporate limits where no sewers are available or are at such distance that it would not be feasible to require connection, pressure should be brought to bear upon local officials to secure the necessary extension to the sewerage system.

SEMI-PUBLIC SEWERAGE AND SEWAGE DISPOSAL

Under this heading come the toilet, kitchen, bath, and laundry wastes from hotels, schools, public buildings, manufacturing and commercial plants, institutions, and other large buildings. These constitute one of the most troublesome of the problems in sanitation with which a county health unit has to deal. Disposal is more complicated than in the case of private residences. Whereas practice in the latter case is pretty well standardized with septic tank and drainage field, there larger buildings must have an especially designed system, varying with the nature of the building, nature of the wastes, number of persons tributary, contour of terrain, adjacent waters, etc.

The objective of this program is the securing of proper collection and disposal of wastes so that they will not be dangerous to the public health or cause a nuisance.

1. Inspection. A survey should be made of all institutions and buildings as described under this heading. Particular attention should be given to items in connection with plumbing where there is cross-connection between the water supply and waste system in such a way as to

permit back siphonage into the water supply.

2. Legal Enforcement.A large number of institutions (those serving 25 or more people) come under the statute requiring approval of plans by the State Board of Health, and are subject to orders from the State Board of Health for correction of defects. Health officers should not hesitate to bring legal action under the STATE SANITARY CODE where it is appropriate. However, such insanitary conditions should in all cases be reported to the State Board of Health.

EXCRETA DISPOSAL FROM PRIVATE HOMES IN RURAL AND UNSEWERED AREAS

This heading refers to areas where there are no public sewerage systems available and it is necessary to use a septic tank system or privy.

The objective is a septic tank system or privy as required by the STATE SANITARY CODE and of a type approved by the State Board of Health at every home, school or place of business not having access to a public sewerage system. The following procedures are recommended:

1. Surveys. A general survey should locate all homes not connected with a sewerage system, and records made as to facilities for excreta disposal, viz:

a. Septic tank satisfactory
b. Septic tank defective, with defects
c. Approval sanitary privy
d. Insanitary privy with defects
e. No facilities

These records should be kept on file in the county health unit office.

2. Septic Tanks. These should be installed in accordance with Chapter VI, STATE SANITARY CODE. A bulletin covering residential installations is now in preparation.

County sanitary officers will be called upon frequently for advice in planning residential septic tank installations and the knowledge of how to do this properly should be applied as needed, based upon provisions of the STATE SANITARY CODE, which classifies residential septic tanks as those up to and including 1,200 gallon capacity. Above this capacity, however, each job is an engineering problem and should be so considered by the county sanitary officer. Plans for all proposed installations of 1,200 gallons or over should, therefore, be submitted to the State Sanitary Engineer for approval.

Attention is directed to recent revisions of Chapter VI of the STATE SANITARY CODE relating to septic tanks with the recommendation that the provisions thereof be carefully followed. In cases where there is municipal inspection of septic tanks, all such local ordinances should be revised to include the minimum requirements of the CODE. In localities where pre-cast septic tanks are sold commercially, plans and specifications covering same are to be submitted for approval of the State Sanitary Engineer. Do not lose sight of the fact that round tanks, or tanks constructed of metal, are not permitted.

3. Privies. The privy approved and recommended by the State Board of Health is covered by State Board of Health Bulletin 102-E, "Sanitary Pit Privy".

4. Legal Requirements. Section 7825, COMPILED GENERAL LAWS, 1927, provides that it shall be a misdemeanor to keep or maintain a toilet or privy that is not fly proof in construction and not in conformity

STREAM POLLUTION

Section 3181, COMPILED GENERAL LAWS OF FLORIDA, 1927 (as amended, Acts of 1939) gives the State Board of Health general control and supervision over the surface and underground waters of the state insofar as their pollution may affect the public health, impair the interest of the public, or of persons lawfully using the same. Section 7690, COMPILED GENERAL LAWS OF FLORIDA, 1927, forbids the deposit in any of the waters of the state, of rubbish, filth, or poisonous or deleterious substances, liable to affect the health of persons, fish, or livestock. It is also provided that carrying into effect the provisions of this section shall be under the supervision of the State Board of Health. Section 3184 empowers the State Board of Health to order such alterations to sewage, waste and refuse disposal systems as may be in any way a menace to health or creating a nuisance.

The public health objective in this program is to protect water supplies, bathing beaches, shellfish-producing waters, etc., from pollution with sewage or other wastes that may cause the transmission of disease or a public health nuisance. Accumulations of material that produce foul odors have been defined by statute as a public health nuisance.

Some of the responsibilities given by these statutes to the State Board of Health are not directly concerned with the transmission of disease. However, the preponderant interest in the prevention of

stream pollution is one of public health, and logically the State Board of Health is given full responsibility. Stream pollution problems involve the use of technically trained personnel and special laboratory and other equipment not available to municipalities and other state departments. The State Board of Health cooperates with the Department of Conservation, the University of Florida, and others.

For the reasons recounted and the fact that stream pollution problems are in many cases inter-county matters, it is not expected that county health units will make these studies or make final decisions on such matters.The following procedures for county health organizations are recommended:

1. Surveys. Surveys should be made of all conditions in the county involving the pollution of waters,and records of this made in the county health unit. The health officer should familiarize himself with all studies and investigations made and the available data. The Bureau of Sanitary Engineering can furnish considerable information of this nature.

2. Cooperation with the State Board of Health. Although action taken must be by or in collaboration with the State Board of Health, the responsibility of the county health officer covers the abatement of any insanitary condition or nuisance caused by the pollution of waters in or adjacent to the area covered by his jurisdiction. He should promptly investigate, and report and call for the assistance of the State Board of Health through the usual channels. Every assistance should be given in seeing that the instructions, orders, etc. of the State Board of Health are carried out, and that county officials observe the statutory requirements.

INDUSTRIAL WASTES Under this heading is included all waste material discharged from manufacturing and industrial plants. Laundry wastes contain fecal

matter and are classified as sewage. The same statutes cited in the case of disposal from sewerage systems,stream pollution and drainage wells apply to industrial wastes.

The objective is to insure legitimate functioning of streams,lakes, and waters of the state, the prevention of nuisances and impairment of public interests. Local procedures recommended :

All situations concerning industrial waste disposal, especially those in connection with citrus, tomato, shellfish, or milk plants, must be considered as strictly engineering problems and handled accordingly. In the past, sanitary officers have attempted to handle such problems without securing engineering advice and the results, in many cases, have reflected discredit upon the organization. It is absolutely essential that county sanitary officers realize that disposal of industrial wastes, especially citrus products, is a problem of such magnitude that each case must be studied carefully before recommendations can be made by those who are specially trained in this particular field. All such problems encountered locally, therefore, should be immediately referred to the State Sanitary Engineer for consideration.

GARBAGE AND REFUSE DISPOSAL The statute gives the State Board of Health supervision over systems of municipal refuse disposal and requires approval of methods and equipment by this Board. The public health factors concerned are fly and rodent breeding that may affect the transmission of disease. Garbage fed, uncooked, to hogs has been the cause of epidemics of trichinosis in man and should not be permitted. The actual collection and disposal should not be directly under the county health unit, but the health officer should promote and generally supervise the proper handling by municipal officials.

Section 5

MILK SUPPLY

Under the heading "Milk Supply" is included all fluid fresh market milk and cream, as well as dairy products such as ice cream, buttermilk, butter, and cottage cheese.

The immediate objective should be to secure the passage, in the local municipalities, of the United States Public Health Service Standard Milk Ordinance as approved and recommended by the State Board of Health, and to grade all fluid market milk and cream in accordance with these regulations. The ultimate objective should be to secure the necessary improvements in equipment and operation of dairies and milk plants in order to bring milk and cream up to Grade "A" standards, with as much of the supply as possible protected by pasteurization. Other dairy products should be made to comply with similar standards. Now that the State Livestock Sanitary Board has ruled that testing for Bang's Disease is optional with the herd-owner, the necessity for proper pasteurization becomes more pronounced.

The following procedures are recommended:

1. Survey. A thorough survey should be made of all dairy and milk plants in the county with the Milk Specialist of the State Board

of Health using the requirements of the milk ordinance approved by the State Board of Health for a standard. A detailed record of their condition should be carefully made and filed in the county health unit for reference and study.

2. Milk Ordinance. The State Board of Health has adopted the United States Public Health Service Milk Ordinance as a state standard and this should be adopted in incorporated towns and cities to facilitate local enforcement. As practically all dairies in a county sell to municipalities control is thus secured. It is most inadvisable, however, to secure passage of a milk ordinance, unless qualified personnel is available to enforce it. An ordinance adopted but improperly enforced in most instances does more harm than good.

3. Inspections. Inspections of dairies should be made as often as time permits. A minimum of inspections is specified in compliance with the Standard Ordinance. Inspections should be thorough,and the inspector should assume an attitude of helpfulness toward the dairymen, rather than that of a law-enforcing agent. Without an Ordinance, any improvements to be secured will be obtained by persuasion.

4. Laboratory Samples. The necessary samples should be secured from each supply as required by the Standard Ordinance and as the inspector may require for his own information. These may be submitted to the Bureau of Laboratories, State Board of Health.In no case is bacteria count to be used as a basis for rating a milk supply, but this should only be taken into account as provided in the Standard Ordinance.

5. Grade "A" Milk. The STATE SANITARY CODE (Chapter XXVII) forbids the labeling of milk or cream as "Grade 'A'" unless it is produced under provisions specified by the CODE. This should be rigidly enforced, especially where the Standard Milk Ordinance is not in effect.

6. Education. The most useful means whereby a safe milk supply is to be secured is education of the public as to what constitutes safe milk, the meaning of "Grade 'A'" milk, and the dangers to be incurred in using low grade and unsafe milk. They should be taught to demand "Grade 'A'" on the caps, and to inquire the reason it cannot be placed upon the milk they are buying. They must also be informed of the special protection to be provided by the pasteurization of milk.

Such education may be secured by public talks, newspaper articles, films and demonstrations. Once the demand has been created for high grade milk, the producer will either meet the demand or retire from the market.

7. Cooperation with the State Board of Health. The State Board of Health will act in an advisory capacity to the county health unit and assist with special problems. In the event of changes, alterations, or improvements in plants -- particularly in the case of pasteurization plants -- the Bureau of Sanitary Engineering should be consulted before such improvements are undertaken.

8. Grading of Milk Supplies. Grades should be determined and announced according to the provisions of the Standard Ordinance. Periodically the entire milk supply under the municipal ordinance will be graded by the State Board of Health as to enforcement of the ordinance. Ratings of 90 percent or over will be approved for satisfactory enforcement and listed for publication by the United States Public Health Service.

Section 6

FOOD SANITATION

SANITATION OF FOOD HANDLING ESTABLISHMENTS

Included under this heading are public eating places and drinking establishments, grocery stores, meat markets, slaughter houses, bakeries, and similar places where food may be subjected to contamination influences, or where equipment, handling of equipment, and operation are such as to make possible the transmission of disease.

The objective is that all food handling establishments are conducted with proper regard to sanitary conditions and methods, and the following procedures are recommended:

1. Survey. A survey of food handling establishments should be made before adopting any program of procedure, and the results recorded and filed in the county health unit office.

2. Laws, Regulations and Ordinances. Under the statute, the State Board of Health is given power to make regulations in the STATE SANITARY CODE covering the sanitation of establishments where food is handled, sold, or served in hotels, public institutions, etc. Municipalities are empowered to pass ordinances regulating such establishments not in conflict with the STATE SANITARY CODE. The State Hotel Commission is empowered to pass and enforce regulations for the control of hotels. boarding houses, and all public sleeping and eating places. Their authority and regulations cover all matters in connection with such establishments, but the regulations in regard to sanitation must, and do conform with the STATE SANITARY CODE.

Ordinances should be written up and every effort made to secure their passage by municipalities within the jurisdiction of the county health unit. This will strengthen and facilitate enforcement of the necessary regulations, and permit them to supplement the minimum requirements of the STATE SANITARY CODE to suit local conditions.

3. Inspection Work. Inspections should be made of food handling establishments as frequently as personnel available will permit. Care should be taken not to undertake a program more extensive than can be effectively handled. Those establishments where food is sold for consumption on the premises should be given first consideration.

4. Certificates of Approval. Chapter X of the STATE SANITARY CODE provides for the posting of "Certificates of Approval" in food establishments that comply with minimum requirements, and it is upon this plan that your local program should be based, using the posted Certificate only in cases where the condition of the place and the attitude of the management justifies it. In this way the public is advised of the sanitary status of establishments they patronize, and may be educated by talks, newspapers, radio, etc., to demand certified conditions. It is most important however that in issuing such certificates they should be based on the highest standards and checked by adequate inspection. Otherwise, more harm than good will be done.

The Bureau of Sanitary Engineering is preparing a plan of state-wide restaurant inspection to be applied through county health units and will be in position to furnish standardized inspection forms, "Certificates of Approval", and field assistance in setting up your program.

5. Cooperation with State Hotel Commission. The State Hotel Commission issues revocable permits for hotels, sleeping and eating establishments. Where sanitary violations have been brought to their attention, they have been very cooperative in withholding and revoking such permits. On the other hand, local health authorities may assist

the Hotel Commissioner in reporting violation and securing compliance with their regulations.

6. Cooperation with State Live Stock Sanitary Board. The State Live Stock Sanitary Board is empowered by statute to adopt and enforce regulations for the control of abattoirs and establishments packing meat and meat products, and to issue permits for the conduct of such business. Permits, however, have only been issued to establishments shipping out of the state. The sanitary regulations of the State Live Stock Sanitary Board are not in conflict with those of the STATE SANITARY CODE which the State Board of Health has been empowered to adopt and enforce. The State Board of Health has agreed to cooperate with the State Live Stock Sanitary Board in regard to sanitation. County health units should furnish such cooperation when requested, and where the Live Stock Sanitary Board does not exercise jurisdiction, Chapter XIII of the STATE SANITARY CODE should be enforced. Wastes from such establishments should be handled as prescribed under"Industrial Wastes" (page 200).

7. Health Certificates. The STATE SANITARY CODE requires that food handlers should secure from the health officer or other registered medical physician a written statement that they are not suffering from communicable disease. Where there is an approved county health unit, however, it would be much more satisfactory to require, by municipal ordinance if necessary, that a "health card" shall be secured from the health officer. Food handlers would be permitted to have examination made by an approved doctor of their selection, who would furnish a written statement as to the result of his examination. The health officer would issue cards based upon his own examination or that of an approved, registered physician. Under such condition, the health officer should in no case delegate to any private physician authority to issue health cards. The sanitary inspector or engineer will play no part in this phase of the work except to advise the owners of establishments of the requirements and to check whether all persons have health cards as required by the regulations or ordinance.

FOOD CANNERIES

Included under this heading are the food packing plants as defined in Section 1, Chapter XII of the STATE SANITARY CODE, where fruits, fruit

juices, vegetables, shellfish, fish or meats are packed in hermetically sealed containers.

The objective is to insure the production of canned foods in a sanitary manner, and to protect the health of the workers. The larger part of the production from these canneries is shipped out of the state, so that the product of the establishment is of little concern to the local community. Because of the inter-state character of the business, the Federal Food and Drug Administration has jurisdiction, and they check the product of the plant as well as the conditions under which it is produced. This is done according to the provisions of the "Pure Food and Drug Act". In addition, the State Food and Drug Division of the Department of Agriculture exercises jurisdiction under the "State Pure Food and Drug Act". The State Board of Health has jurisdiction under the State Sanitary Code Act covering sanitation as may be necessary for the protection of the public health, and this department cooperates with the two above-mentioned agencies. Chapter XII of the STATE SANITARY CODE requires a revocable permit for the operation of canneries.

Recommended procedures for county health units are:

1. Cooperation with the State Board of Health. The county health unit has a very distinct interest in these plants, particularly in connection with the health of the workers (see also "Industrial Hygiene"). It is impossible for the State Board of Health to give the necessary continuous inspection.

2. Survey. A detailed survey should be made of all food canneries in the county at the time inspection is made for the issuance of a permit. The results should be recorded in the local office.

3. Inspection. Frequent inspections should be made following the provisions of Chapter XII of the STATE SANITARY CODE. The attention of the State Board of Health should be called to violations, changes in plant equipment, extensions to the plant, and any unsatisfactory conditions.

4. Legal Action. After reasonable efforts are made to educate the plant owner or operator, the most convenient method of remedying conditions found to be unsatisfactory is by revocal of the permit through the State Board of Health. Prosecutions should be entered upon either for operating without a permit upon revocal or for violations of the individual section of the SANITARY CODE. Particular attention should be paid to water supply, excreta disposal, improper sanitary conveniences, and hazards to workers.

5. Health Certificates. Health certificates are required under Chapter XII, STATE SANITARY CODE. These should be handled as prescribed under "Food Handling Establishments" (page 205).

SHELLFISH AND SEAFOOD Under this heading are included oysters and clams, commonly eaten raw and designated in Chapters XV and XVIII of the STATE SANITARY CODE as "shellfish", as well as crabmeat, shrimp meat, and lobster meat (covered by Chapter XVI of the CODE) sold in a cooked state. Scallops, very seldom eaten raw, are also included under "shellfish".

The objective of this program is to insure the sale of shellfish and other seafood free from sewage and any pollution that might transmit disease, and to insure its reaching the consumer in a fresh and

wholesome condition.

Shellfish (oysters and clams) sanitation is carried out under a working agreement between the U. S. Public Health Service and the oyster-producing states. Under this arrangement, the state authorities (State Board of Health) adopt regulations (STATE SANITARY CODE, Chapter XV) uniform with minimum regulations prepared by the U. S. Public Health Service. The method to insure proper enforcement is through supervision by the U. S. Public Health Service of the quality and adequacy of enforcement by the state authorities. Should such procedures meet with the approval of that Federal department, they certify to the other states all plants to whom certificates are given by the producing states. Numbers are assigned each producer by his own state authorities (e. g., Fla.-12, NC-15, Md.-7, Va.-6) and such number must be affixed to each container. Lists distributed by the U. S. Public Health Service and furnished on request, give all approved numbers. Numbers must be embossed on the container in the case of shucked oysters and clams, and on standard tags attached to each sack of shell oysters. These tags in Florida are furnished by the State Board of Health.

Scallops, crabmeat, shrimp meat, and lobster meat producers are similarly handled by the Florida State Board of Health, but the work is not supervised by the U. S. Public Health Service. Certificate numbers are assigned and must be on the container as in the case of oysters. The Federal Food and Drug Commission, under the Federal Security

Administration, exercises control of the quality of such food in interstate commerce and checks on producers within the state. The State Food and Drug Division, State Department of Agriculture also has statutory jurisdiction under the State Pure Food and Drug Act, but exercises this in cooperation with the State Board of Health.

Recommended procedures for county health units are:

1. Shellfish and Seafood Producing Establishments. Due to the arrangement with Federal authorities, it is not expected that county health units will assume any responsibility for issuing permits for producing establishments. They are, however, expected to cooperate when specifically requested by the State Board of Health inspector in following up enforcement of regulations; in handling health certificates or cards; and in reporting violations of regulations and insanitary conditions that come to their notice,particularly where they have reason to believe certified producers are taking oysters from condemned waters.

2. Polluted Waters Condemned for Taking Shellfish. The taking of oysters and clams, usually eaten raw, from sewage-polluted waters is the principal cause of numerous epidemics traced to such shellfish. The Bureau of Sanitary Engineering makes periodic surveys of the waters over shellfish beds in vicinities where sewage is discharged. The areas found to be influenced by such sewage have been indicated on a series of maps distributed by this Bureau. The STATE SANITARY CODE forbids the gathering or sale of shellfish taken from these condemned areas. Generally speaking,all waters except these areas may be used for securing oysters. However, there are some additional areas near municipal outfalls in other sections of the state that have not been surveyed because no commercial oyster beds are known to exist in such areas. County health officers should see that no oysters are taken in the vicinity of condemned areas or areas where sewage is discharged. If shellfish are found in unsurveyed waters suspected to be polluted by sewage, the State Board of Health should be notified. The State Board of Conservation also has assumed responsibility for policing condemned areas and their inspectors have police authority to arrest offenders.

3. Retail Sale of Shellfish and Seafood. The sale of unsafe shellfish on local markets can be controlled only by county health

authorities. All certified shellfish must have an identifying mark on the container, or in the case of shellstock, on a tag attached to the containing sack. Since no information is avilable concerning the source and method of handling shellfish from producers who have not been certified or who fail to mark the product with an identifying number, it can be assumed that such shellfish are of questionable quality, and their sale is forbidden. Such shellfish found in the possession of dealers should be condemned and destroyed. Lists of certified dealers in all producing states, with their certificate numbers, are furnished by the U. S. Public Health Service. Reference to this list will identify the producer, and if his certificate number is listed, the quality of the oysters is approved.

4. Inspection. All shellfish in the possession of local dealers should be carefully inspected at frequent intervals, as products found in their possession not provided with an approved certificate number are illegal. The handling of shellfish and other seafood should be checked under the provisions of Chapter XVIII of the STATE SANITARY CODE. Particular attention must be given to persons peddling shellfish from house to house. In most cases the product is unsafe and often has been taken from polluted waters.

5. Legal Action. Health officers and their inspectors should not hesitate to bring legal action against violators of the SANITARY CODE, and uncertified products should be seized and destroyed as provided in this CODE.

Section 7

SCHOOL SANITATION

The objective of a program in school sanitation is that all schools shall be maintained on a high plane of sanitation with special attention to water supply, lavatory and toilet facilities, and excreta disposal.

The State School Code requires that plans for school buildings be submitted to the State Department of Education and that the sanitary features shall be approved by the State Board of Health. The Sanitary Code Act provides that the State Department of Education and the State Board of Health shall jointly prescribe regulations relating to the sanitation of schools. Standards of sanitation have been agreed upon by the two departments.

The recommended procedures are as follows:

1. Survey. A survey of the schools in the county should be made by the sanitary officer and the findings recorded and filed in the county health unit. The survey should include mainly the disposal of human wastes, water supply, and toilet and lavatory facilities, but other items such as heat, ventilation, lighting, drainage, etc., should be recorded.

2. Cooperation with the School Board. The local school board is in charge of all school buildings in the county, and the county health unit should cooperate with it closely in securing correction of

insanitary conditions. The health agencies have authority to close schools where conditions are found that endanger the health of the pupils. Unsatisfactory conditions in respect to lighting, ventilation, heating, plumbing, etc., where the standards are not completely met, often can only be corrected by the construction of new buildings or the expenditure of large sums. Many times the funds are not available to carry out these demands, and the health officer will do well to take this into consideration and work with the school board accordingly.

3. Inspections. Inspections should be made of all school buildings annually before the opening of school, and repeated as frequently during the school year as is necessary to insure sanitary conditions. The health unit should be very insistent upon safe methods of disposal of human wastes, a safe water supply, and satisfactory facilities for the distribution of drinking water and for washing the hands. Common towels and common drinking cups should be excluded. Cleanliness of floors, toilets, lavatories should be insisted upon.

Section 8

SWIMMING POOLS AND BATHING BEACHES

Sections 3767-3772, COMPILED GENERAL LAWS, 1927, make it unlawful to operate a swimming pool, public bath house, bathing or swimming place, or any structure intended to be used for bathing or swimming purposes, without an unrevoked permit from the State Board of Health. The State Board of Health is also empowered, both in these statutes and in the SANITARY CODE, to make regulations in regard to the construction of swimming pools and bathing places (see the SANITARY CODE).

The objective of the program is to prevent the transmission of disease from bather to bather or from polluted water to bathers, and to insure sanitary conditions in connection with such pools and bathing places.

The recommended procedures are listed below. The sanitation of swimming pools and bathing places is distinctly a problem for county health units. It has never been possible for the State Board of Health to give the constant and adequate attention required to keep the numbers of such places in the state up to proper sanitary standards. However, for administrative purposes under the statute, and on account of the large tourist business in the state, it is advisable that proper and

uniform standards are preserved under general supervision by the State Board of Health.

1. Approval of Plans. Before installing a swimming pool, bath house, etc., the regulations require that complete plans and specifications, in duplicate, shall be submitted to the State Board of Health Bureau of Sanitary Engineering. Upon approval, one set of data is returned to the county health unit and the other set, filed with the State Board of Health. Plans must be prepared by a registered engineer. County health units should see that this regulation is carried out and it should be explained to the persons planning the installation that only in this way can they make the considerable expenditure involved with assurance that when the project is completed a permit will be issued for its operation.

2. Permits. Permits for operation will be issued through and upon the recommendation of the county health unit. Revocal may be made by the county health officer or upon recommendation of the Chief Sanitary Engineer for violation of the regulations.

3. Artificial Pools. Constant inspection should be made of all artificial pools and regulations rigidly enforced. Frequent samples should be taken for test by the Bureau of Laboratories in bottles furnished by them for the purpose. The samples should be collected at such points in the pool which will check upon even and uniform circulation of added water and chlorine. Should the results show, at any point, B. coli concentration in excess of that specified in the regulations, a study should be made to determine the cause so that corrections may be made. The State Board of Health will furnish advisory assistance.

4. Natural Bathing Places. The important consideration in respect to these is sewage pollution of the waters used by bathers. Information regarding this may be obtained usually by consulting the Bureau of Sanitary Engineering or can be secured through their stream and water pollution studies. Bath houses should be regularly inspected for violations of the regulations (see STATE SANITARY CODE).

5. Legal Procedures. When the regulations are violated, permits may be revoked. Operation without an unrevoked permit is a misdemeanor according to the statute. Prosecutions may also be made for violation of the STATE SANITARY CODE.

Section 9

MOSQUITO CONTROL

Mosquito control activities may be undertaken under three classifications:

1. Anopheles, or malaria-transmitting mosquitoes
2. Aedes aegypti or the mosquitoes transmitting dengue and yellow fever
3. Purely pest mosquitoes.

The objective of this program is the control of diseases transmitted by mosquitoes and the control of pest mosquito nuisances. The recommended procedures are:

1. Malaria Mosquitoes. Drainage, lake and pond control, and larvicidal application measures designed to control malaria mosquitoes are exceedingly costly and should not be undertaken except where they are based upon epidemiological and entomological surveys locating the exact presence of malaria cases (see section on Malaria page 100).

2. Dengue and Yellow Fever Mosquitoes. The Aedes aegypti mosquito breeds usually close to the habitat of man in rain barrels, clogged roof drains, and in any old cans, tubs, abandoned auto tires or other objects that will hold water. Its control consists in the general sanitation of premises whereby such rubbish and all containers are removed or punctured so that they will not hold water. Activities in connection with yellow fever will hardly be required of the health organization except in most unusual circumstances. Epidemics of dengue fever have occurred quite frequently in recent years in some sections of the state.

3. Disease-Transmitting Mosquitoes as Pests. The disease-transmitting mosquitoes may also be pests, but the most troublesome pest

mosquitoes in the state are the Aedes taeniorhynchus and the Aedes sollicitans, breeding in salt marshes. Culex quinquefasciatus breeding in sewage-polluted waters may be the indirect cause of complaints in connection with sewage disposal plants.Purely pest mosquito control is not, in any sense, a public health matter.In its activities relating to disease-carrying species of mosquitoes, however, it is difficult for the county health unit to make the general public differentiate between work done to control specific types.An approved health unit includes personnel capable of furnishing the technical supervision and advice required for pest control work. Salt marsh mosquito control work is extensive and costly, so that it is not economically feasible anywhere except in large concentrations of population and where property values are high.

Chapter 13570, GENERAL LAWS, 1929, authorizes the formation of County Mosquito Control Districts by vote of the people. Where these districts are voted, millage may be assessed to carry on the work. The county health officer may advisedly cooperate by giving technical assistance in connection with these, and where necessary funds are furnished, give required technical supervision with economy to the county and an opportunity to further his disease-carrying mosquito control. It should never be done, however, to the detriment of his public health program.

4. Screening. The malaria carrying mosquitoes are night biters; also they are shy and easily alarmed by any movement. A sleeping person, therefore, is much more likely to receive the attentions of an Anopheles mosquito than a waking person. It follows that sleeping in a well-screened house is one of the best ways of avoiding malaria. This means of malaria control is particularly useful in rural areas where the attempt to control Anopheles mosquitoes over a wide section of the county would be impracticable. For this reason it is the duty of the sanitarian to encourage proper screening in homes and elsewhere. For general sanitation of the home and control of the pest and domestic mosquitoes, promotion of adequate screening should not be overlooked.

Section 10

INDUSTRIAL HYGIENE

Under the heading industrial hygiene are included activities in industrial plants such as canning factories, sugar factories, phosphate works, etc., designed to protect the health of workers in the plants. These activities include the maintenance of proper sanitation —heating, ventilation, lighting -- and sanitary necessities such as a safe water supply, excreta and waste disposal, toilets, rest rooms,first aid, etc., covered under Chapter VIII of the STATE SANITARY CODE and treated under the respective headings in this Manual. County health units should rigidly enforce these regulations.

Industrial hygiene activities also include the control of hazards due to specific processes such as those derived from breathing of abrasive dust particles (silicosis), those due to the immersion of hands in liquids injurious to the skin, poisonous chemicals, noxious and poisonous fumes, poorly-protected moving machinery, etc. The extent to which the health unit is to engage in this phase of industrial hygiene should be determined by the personnel and resources of the unit and the relative importance in comparison with other health activities.

Section 11

SANITARY INSPECTION OF CAMPS AND SERVICE STATIONS

TOURIST AND TRAILER CAMPS — Chapter 19365, GENERAL LAWS, 1939, defines tourist and trailer camps and requires a permit from the State Board of Health for their operation, such permit being revocable for violation of regulations passed by the State Board of Health (Chapter XVII, STATE SANITARY CODE).

The objective of this program is to protect the traveling public from conditions to which may be traced the transmission of disease, and to make available to them clean and sanitary accommodations. Since Florida has such an important and extensive tourist business, it is very much to the public interest that these camps are kept in decent order.

Suggested procedures for the county health unit are:

1. Survey. A detailed survey should be made of all tourist and trailer camps in the county and results recorded in the local office.

2. Permits. For administrative purposes under the statute and for the purpose of standardization, all permits are issued by the State Board of Health. Permits will be issued through and upon the recommendation of the county health officer.

3. Inspection. County health units should make frequent inspections of all tourist and trailer camps and enforce the regulations covering these places. The important public health items are water supply, the disposal of human wastes, milk supply, and food-handling where it is furnished at the camp.

RECREATIONAL AND LABOR CAMPS — Labor and recreational camps and parks should be inspected and regulated as to various phases of sanitation including water supply, milk supply, excreta disposal, refuse disposal, housing, site, food-handling, etc., in accordance with the STATE SANITARY CODE and complying with standards suggested elsewhere in this Manual under the respective headings.

SERVICE STATIONS — Automobile service stations reflect great discredit upon localities when they are found by the traveling public to be dirty and insanitary. The public health interest is confined to serving a safe water supply, safe excreta disposal, safe plumbing, and clean washrooms and toilets. The common towel and common drinking cup must be eliminated. Good results may be obtained by posting notices, where they are merited, that the sanitation is approved by the State Board of Health.

Section 12

OTHER SANITARY INVESTIGATIONS AND ENGINEERING PROBLEMS

BOTTLED WATERS AND BOTTLING PLANTS

The State Board of Health issues revocable permits for the bottling and sale of bottled drinking waters. This bottled water is sold throughout the state and in inter-state commerce, necessitating state control. The Federal Food and Drug Administration also checks on such water for inter-state sale. The county health unit should inspect the bottling plants under regulations contained in Chapter XIX of the STATE SANITARY CODE.

Control should also be exercised over the sanitation of soft drink bottling plants in the local area.

HOUSING

The health officer should make every effort to see that insanitary houses or groups of houses are not occupied and that they are improved, removed, or replaced. Houses having unsafe water supplies, excreta disposal, or plumbing, and those conspicuously defective in ventilation or lighting may be condemned as sanitary nuisances by the health officer and vacated.

PLUMBING

Unless there is a qualified plumbing inspector included in the health unit's personnel (which is desirable), inspection and approval of plumbing

installations should not be attempted. Where plumbing inspectors are provided, every effort should be made to have them work under the supervision of the health officer. The STATE SANITARY CODE defines plumbing as the piping and fixtures inside the building which carry in and distribute the water and carry off the wastes from the building. The water supply outside the building and the disposal of wastes outside the building are not part of the plumbing system, although they are commonly contracted for by the plumber in the case of private water supplies and private sewage disposal. These items are most important from a public health standpoint and should be supervised by the sanitary officer of sanitary engineer of the county health unit (Chapter III and VI, STATE SANITARY CODE). They may also appropriately investigate and have corrected cross connections or conditions making possible back siphonage of sewage into the water supply.

ABATEMENT OF NUISANCES

A nuisance may be defined as anything injurious to health, indecent, offensive to the senses, or an objection to the free use of property in such way as to interfere with the comfortable enjoyment of life or of property.

The objective is prompt elimination of all nuisance conditions injurious to health. Certain nuisances are defined as public nuisances by the statutes of Florida.

The following procedures are recommended:

1. Investigation. Investigation of any complaint should be made as early as possible to determine whether or not it is a problem affecting the public health or defined specifically as such by statute. In many cases it is possible to advise the party filing the complaint as to whether or not the complaint involves the health of the public. Effort should be made to conserve the sanitary officer's time and he should not be sent out by the health officer to investigate all trivial complaints that are obviously not public health problems.

2. Nuisances Affecting Public Health. Nuisances affecting the public health should be promptly investigated by the county health unit and steps taken to abate them.

3. Nuisances Not Public Health Problems. Where nuisances are not deemed situations affecting public health they can be most appropriately settled in court by the parties concerned, and the county health unit has no reason for interfering and should so advise the party making complaint at the time of the investigation.

4. Notices. Where public health nuisances or definite violations of state law are found, it is important that notice be given the offending party or parties to abate the nuisance; this action to be followed with legal procedure where necessary. Verbal notices are not sufficient for legal action.

PLANS TO BE SUBMITTED Plans for swimming pools, tourist camps, canning plants, bottled water plants, recreation camps, dairies, shellfish or crabmeat houses, and all other new projects for which state permits are required, must be submitted in duplicate to the State Sanitary Engineer for approval. In the case of swimming pools, the STATE SANITARY CODE requires that plans and specifications be prepared by a registered engineer. Upon approval,

plans will be so stamped and one set returned for the files of the county health unit.

RABIES Rabies is a disease primarily of dogs, secondarily of man. The disease may be controlled, even exterminated, by intelligent measures directed towards dogs. The elimination of the stray dog is an important practical line of defense. Other prophylactic measures necessary to control the dog question are muzzling and restraint, licensing, legal responsibility of owners, quarantine, immunization, etc., none of which is applicable to the stray dog. The handling of dogs that have bitten persons or animals is one of the most important problems of the county sanitary officer. Such dogs should not be killed unless it is clear they have symptoms of rabies, and then only if they cannot be apprehended with safety. It is important to know if the dog is mad. If the dog can be found and kept under observation for fourteen days and no symptoms appear, the Pasteur treatment is not necessary. Dogs or animals killed early in the course of rabies may fail to show microscopic evidence of the disease, thus causing a delay in diagnosis. If killed, the head or brain should be removed, packed in ice,and shipped to the Bureau of Laboratories, Jacksonville, or to branch laboratories in Tampa, Miami, or Pensacola. It is advisable to ship the head or brain to the nearest laboratory.

RATS AND VERMIN — The county health unit should be in a position to advise on practical rat and vermin control measures. Where cases of typhus fever occur, following an epidemiological investigation to locate the cases, a rat-poisoning campaign may be instituted in the infested area and advisory assistance may be secured from the State Board of Health as far as available personnel will permit.

MISCELLANEOUS SANITATION ACTIVITIES — Among the miscellaneous sanitation activities of the county health unit are:

1. Inspection of food handling, water supply, excreta disposal, etc., at carnivals, fairs, circuses, etc. Procedures are as previously recommended under their respective headings.

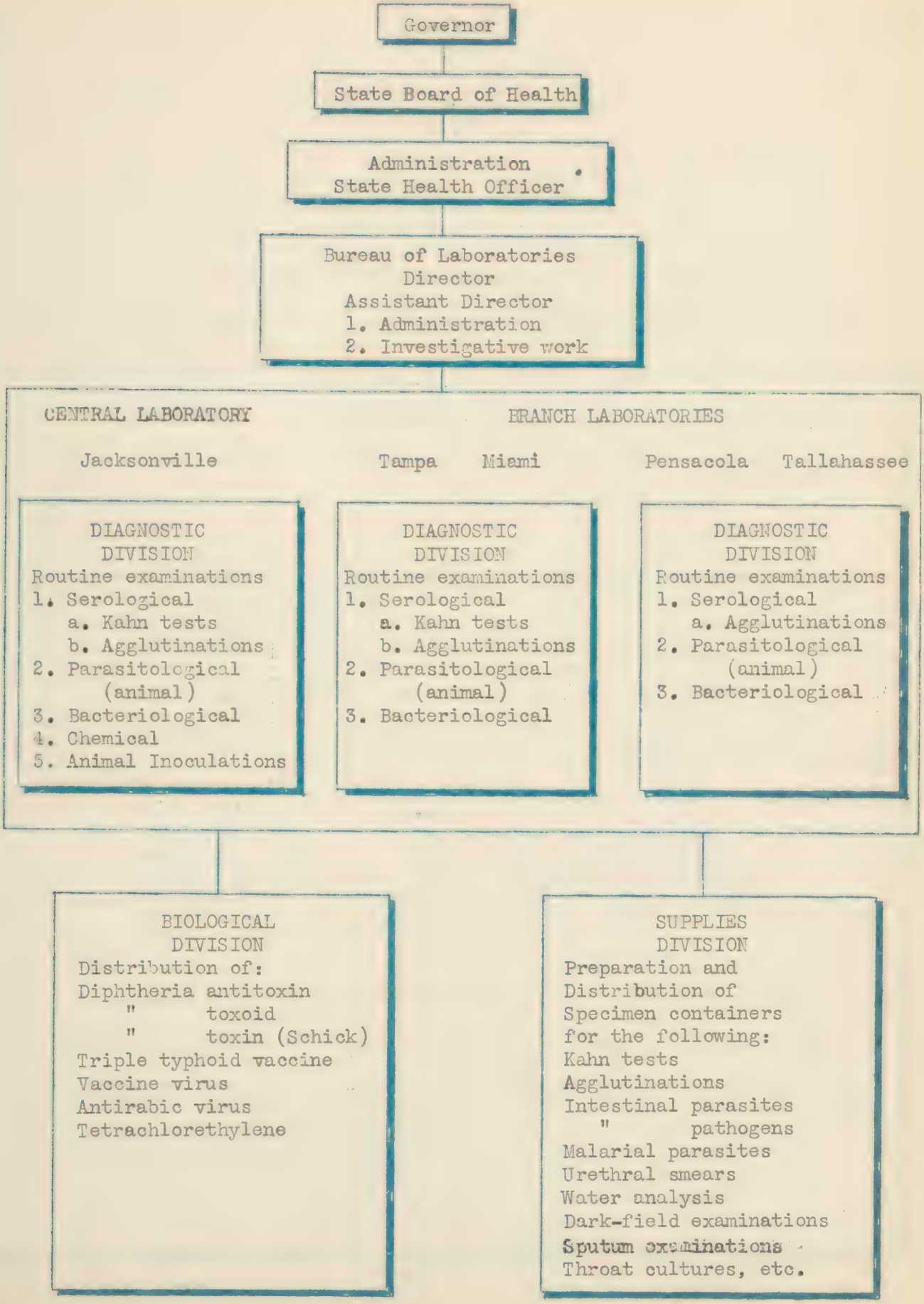
2. Sanitation of public buildings in the county. This includes court houses, jails, county farms, nursing homes, railroad stations, etc.

3. Bedding. A chapter on the subject of bedding has been included in the STATE SANITARY CODE.

PART VII

LABORATORIES

Organization of Bureau of Laboratories
Florida State Board of Health



Section 1

FREE BIOLOGICAL PRODUCTS

The central office of the Bureau of Laboratories maintains a large supply of biological products, whereas branch laboratories and full-time health units maintain only a small supply of these products for local distribution. All large orders for biological products should be sent to the central laboratory in Jacksonville. Those biologics available are:

1. DIPHTHERIA ANTITOXIN, 5,000 and 10,000 units -- distributed to indigent patients only.
2. DIPHTHERIA TOXIN for Schick Test, 10 and 50 test packages.
3. DIPHTHERIA TOXOID, alum precipitated, 10 cc. vials.
4. TYPHOID BACTERIN, combined, 20 cc. and individual vials.
5. VACCINE VIRUS, 10 point packages.
6. ANTIRABIC VIRUS -- A charge of $5.00 per package of 14 treatments of antirabic virus is made -- the cost price to the state. In the case of those absolutely unable to pay, the treatment will be sent free together with an indigent slip for the patient and health officer to sign.

All biological products except antirabic vaccine are supplied without charge to physicians and health units. It is earnestly requested that physicians order only the quantity of biological products that they expect to use within a short time.

Physicians located in counties having full-time county health units are instructed to obtain diphtheria antitoxin and other biological products in an emergency from their health officer. Diphtheria antitoxin is to be supplied to indigents only. The central laboratory and all the branch laboratories have supplies of diphtheria antitoxin on hand and will dispatch them at once upon receipt of a telephone call, telegram, messenger or letter. Full-time county health units also have a small supply of diphtheria antitoxin on hand.

If any health officer wishes to keep a larger supply of biological products for the use of private practitioners, this can be arranged. All health officers are asked to assign a clerk to check on biological products. She should be responsible for seeing that these products are returned to the central laboratory before the expiration date. If the package has been unopened it may be returned after its expiration date.

Section 2

LABORATORY TESTS REGULARLY PERFORMED

The Bureau of Laboratories routinely performs the tests listed below:

1. Kahn and Eagle tests for syphilis.
2. Stool examinations for intestinal helminths, protozoa and pathogenic bacteria.
3. Agglutination tests for typhoid fever, paratyphoid A and B, undulant fever, typhus fever and tularemia.
4. Smear and culture examinations for gonorrhea.
5. Blood smear examinations for malaria.
6. Blood cultures for typhoid, paratyphoid and other organisms.
7. Throat cultures for diphtheria, Vincent's angina, streptococcus infections, etc.
8. Bacteriological examinations of milk.
9. Chemical examinations of milk for butterfat content.
10. Sputum examinations for tuberculosis after concentration of specimen.
11. Examination of miscellaneous cultures and smears.
12. N. I. H. swab examinations for pinworms.
13. Examination of brains of animals and humans for rabies.
14. Darkfield examinations for Treponema pallidum.

15. Photoelectric colorimetric determinations:

    a. Hemoglobin determinations

    b. Sulfanilamide blood level determinations

    c. Sulfapyridine blood level determinations

    d. Sulfathiazole blood level determinations

    e. Total protein in cerebrospinal fluid

16. Chemical analysis of water, sewage and industrial wastes.

Section 3

TESTS PERFORMED IN DIAGNOSIS OF INFECTIOUS DISEASES

The laboratories of the Florida State Board of Health perform many tests as an aid in the diagnosis of infectious diseases. An outline of these tests is listed alphabetically by disease on the following pages.

AMEBIC DYSENTERY and other intestinal protozoan infections
- Microscopic examination of stool specimens

BACILLIARY DYSENTERY
- Stool cultures

CHANCROID
- Microscopic examinations of smears
- Cultures

DIPHTHERIA
- Microscopic examination of smears
- Cultures
- Virulence tests

GONORRHEA
- Microscopic examination of smears
- Cultures

GRANULOMA INGUINALE
- Microscopic examinations of smears

HOOKWORM and other diseases due to intestinal helminths
- Microscopic examination of stool specimens
- N. I. H. swab - pinworms

MISCELLANEOUS INFECTIOUS DISEASES

Appropriate examinations of material for such infectious diseases as Vincent's angina, bronchial spirochetosis, plague, leprosy, meningitis, etc.

PINWORM

See under Hookworm

RABIES

Microscopic examination of smears from brains of dogs, cats and other animals and men.

Animal inoculation — doubtful cases and when brain is decomposed.

SEPTICEMIAS -- streptococci, staphylococci, etc.

Blood cultures (best submitted in Keidel tubes)

SYPHILIS

Darkfield examinations of chancre fluid.

Sero-diagnostic tests -- these are performed only in the central, Tampa and Miami branch laboratories.

Every specimen of blood is examined by the two following tests:

1. Kahn Standard Test
   Blood and spinal fluid
   Qualitative
   Quantitative (on request only)

2. Eagle Flocculation Test
   Blood
   Qualitative

Total protein in cerebrospinal fluid

TUBERCULOSIS
- Microscopic examination of smears
  - Acid-fast stain - after concentration
  - Fluorescence stain
  - Cultures
    - Petragnani Milk-Egg-Potato medium
    - Bordet-Gengou Potato-blood medium
    - Animal inoculation - when requested

TULAREMIA
- Microscopic examination of smears
- Cultures
- Agglutination - blood serum

TYPHOID AND PARATYPHOID FEVERS
- Blood cultures -- first 10 to 14 days of disease
- Agglutination tests -- after 10th day of disease
- Stool and urine cultures -- used in diagnosis of disease and detection of carriers.

TYPHUS FEVER
- Agglutination - blood serum
- Animal inoculation - used in the differential diagnosis of
  - Typhus
    - Epidemic
    - Endemic
  - Rocky Mountain Spotted Fever

UNDULANT FEVER
- Cultures - blood (special containers supplied at cost -- (twenty cents each)
- Agglutination - blood serum

Section 4

OTHER TESTS PERFORMED

HEMOGLOBIN DETERMINATIONS — In cooperation with the Bureau of Maternal and Child Health, the laboratories are performing hemoglobin determinations on the blood of prenatal clinic patients. These examinations are made with a photoelectric colorimeter and are reported in grams per 100 cc. of blood. Blood is submitted in oxalated tubes. Please be certain that the blood is well mixed with the oxalate to prevent coagulation. Coagulated specimens are not examined.

ANIMAL INOCULATIONS — Animal inoculations are performed in the central laboratory on request and when accompanied by a letter to the Director giving in detail the type of examination requested.

WATER ANALYSIS — Bacterial examinations of water are performed at regular intervals on municipal supplies and, when requested, on private water supplies. Water from private supplies in organized counties is collected by the county sanitary officer, and the report of the examination is sent directly to him.

CHEMICAL EXAMINATION

These examinations are made only upon request and as part of surveys conducted by the Bureau of Engineering. These examinations are performed in the central laboratory on water, sewage and polluted water, industrial wastes, and sewage sludge.

MILK AND MILK PRODUCTS

The central and branch laboratories of the State Board of Health perform the following examinations on milk and milk products:

1. Bacteriological counts
2. Content of butterfat
3. Scharer's Test — to determine whether milk has been properly pasteurized.

PHOTOELECTRIC COLORIMETRIC DETERMINATIONS

The following photoelectric colorimetric determinations are done by the laboratories:

1. Hemoglobin determinations
2. Sulfanilamide blood level determinations
3. Sulfapyridine blood level determinations
4. Sulfathiazole blood level determinations
5. Total protein in cerebrospinal fluid

PART VIII

HEALTH EDUCATION

Section 1

HEALTH EDUCATION PROCEDURES

BUREAU OF HEALTH EDUCATION

The Bureau of Health Education is a service designed to assist all other bureaus and divisions of the State Board of Health and all county health units in the promotion and improvement of public health throughout the state. The Bureau has certain facilities and types of service to offer toward these objectives.

The personnel of the Bureau of Health Education is available to assist in the planning of public health services from the viewpoint of their educational possibilities and value. This includes consultation on ways and means of increasing the educational value of health services, coordination of the various public health activities from an educational standpoint, and assistance in the preparation and distribution of educational materials. This advisory service is offered not in the spirit or belief of arbitrary, expert opinion, but with the thought of being of help wherever possible.

THE LIBRARY

The Bureau of Health Education maintains a comprehensive library of books, periodicals and reprints on public health, medicine, and dentis-

try. Full library reference service, including assistance in the preparation of scientific papers, popular health talks, bibliographies, reading lists, and reference searches of medical literature is offered.

All library material is available on loan to public health workers, physicians, nurses, dentists, and any citizen interested in public health. County health unit personnel are urged to use the Library, to make its services known and to encourage its use by the physicians, nurses and dentists in their community.

County Health Unit Libraries. A suggested list of books and periodicals basically needed for the permanent collection of a health unit library will be prepared on request after consultation with the county health officer for each health unit. Certain books relating to sanitation, maternal and child health, and to the venereal diseases have already been deposited in the county health units as part of a permanent collection. It is most desirable to add to this collection as health unit funds permit. Assistance with the building up and maintaining of a health unit library will be given on request of the county health officer.

Collateral Reading Lists. Lists of references on special subjects for use in study groups will be prepared on request. Assistance in planning programs of staff education is also available.

MOVING PICTURES The Bureau of Health Education maintains a health film collection which includes all of the suitable health films produced in 16mm. silent or sound. These films are available on loan to public health workers, physicians, nurses, schools and civic organizations.

A "Film List" describing the films available on loan is distributed by the Bureau of Health Education and copies of this list are available in quantities.

The Bureau of Health Education is a member of the Florida Cooperative Film Library which maintains a collection of educational films, and through this membership the Bureau is able to borrow, for county health unit personnel only, the films distributed by the Florida Cooperative Film Library and the Visual Instruction Department of the General Extension Division, University of Florida, Gainesville.

Films distributed by commercial firms are sometimes borrowed by the Bureau of Health Education for loan to county health units and notices will be sent when these are available. Any health unit desiring to rent health films or cartoons from other sources can do so through the Bureau of Health Education, but rental costs and transportation will be charged to the county health unit.

Listed below are suggestions for borrowing and showing the films:

1. Schedule the films well in advance. Films will be sent express collect and will be scheduled for one day's use only, unless otherwise notified.

2. Preview the film to make sure it will serve the purpose for which you intend it.

3. Make sure the operator knows how to run the machine you propose to use.

4. Make sufficient preparation for darkening the room where the films are to be shown.

5. Have the projector set up and a film ready to run before the audience arrives.

6. Insofar as possible, show the health film in healthful surroundings, for a closed, airless, crowded room, with seating arranged so that eye strain is inevitable defeats the purpose of the picture and is a direct contradiction of public health principles.

7. Return the films express prepaid immediately following the last showing.

The use of films as a part of study units on health is urged for all schools. The county health unit should acquaint every school in the county with the film loan service of the Bureau of Health Education and whenever possible films requested by school personnel should be shown under the direction of the county health officer.

The 16mm. health film serves a useful purpose, but as generally used, it does not reach the masses of the population who perhaps need it most. New health films are being produced which are more suitable for showing as short features in motion picture theaters and notices of the production of such films will be sent from the Bureau of Health Education as they are received. It is suggested that the county health officer urge the theater managers in his county to schedule these 35mm. films when available.

PAMPHLETS

Pamphlets on communicable diseases and related health subjects are available from the Bureau of Health Education and those pamphlets with

the State Board of Health imprint are available in quantities to public health workers, school teachers and lay study groups. Large supplies of all other pamphlets may be obtained, usually free of charge, from the publishers. When writing the publishers for free pamphlets, state your official connection and what you intend doing with the pamphlets.

A source list of free or inexpensive material for purposes of health education entitled "Health Education Material" is available in large quantities to public health and school health education personnel. Such free or inexpensive literature, posters, and charts can be very useful aids to the public health program and a collection of such material should be made a part of every school library in the county. This material may be profitably used in health clinics, conferences and classes.

The method of distribution of health pamphlets can very possibly have a great deal to do with their effectiveness as an educational tool: a pamphlet placed in the hands of an already interested person may well serve to clarify and correct his health knowledge; while the same pamphlet made available in quantities to the passer-by may not even justify the expense of producing it.

POSTERS AND CHARTS

The Bureau of Health Education has prepared and intends to keep current, a collection of posters suitable for use in county health units,clinics, and for general use wherever suitable. The value of a health poster lies in its timeliness, visual appeal and the effectiveness with which the lesson is portrayed.Posters,wherever used, should be changed frequently.

Assistance in the preparation of charts for use as teaching aids is available from the Bureau of Health Education.

EXHIBITS — Designs and suggestions for exhibits at county fairs and special meetings will be furnished upon request, provided sufficient notice is given to prepare the sketches. Where the Bureau of Health Education assists in building the exhibit, the cost of the material will be charged to the county health unit.

RADIO AND NEWSPAPERS — Other visual education aids in health education include use of the radio and the press. These procedures are discussed respectively on pages 60 to 64.

SERIAL PUBLICATIONS — Publications issued regularly by the Bureau of Health Education are listed below:

Florida Health Notes. Official and monthly bulletin of the State Board of Health sent free to any resident of Florida. Additional copies of the current issues are available in small amounts.

Your News. Staff bulletin of the State Board of Health sent free to State Board of Health and county health unit personnel only.

Abridging. Quarterly bulletin of the State Board of Health Library sent free to physicians and public health workers.

TEACHING UNITS

Thirteen teaching units on Florida health problems have been prepared jointly by the Florida State Board of Health and the State Department of Education for school instruction, and a list of these study units is available from the Bureau of Health Education. The study units are distributed by the State Department of Education, Tallahassee, at ten cents a copy; however, some copies are available free to county health unit personnel from the Bureau of Health Education.

Copies of the school health bulletin entitled "Plans for Florida's School Health Program" are also available from the Bureau of Health Education free of charge to county health unit personnel. This bulletin outlines the school health program for Florida schools as recommended by the State Department of Education and the State Board of Health.

Section 2

SCHOOL HEALTH POLICIES

The plan for Florida's school health program* as agreed upon by the Florida State Department of Education and the State Board of Health, includes certain basic principles applicable to any county situation. These were approved in 1940 by the county health officers and the county school superintendents in all of Florida's organized health unit counties. These basic principles are listed below:

1. The planning and functioning of the school health program are dependent upon coordination of all health facilities in the home, school and community.
2. All agencies and individuals functioning in the health program should have the same concepts and understandings of that program.
3. The school health program is only one part of the community health program and must receive only its proportionate share of total health considerations.
4. Recognition of certain responsibilities on the part of all agencies or individuals concerned in the school health program is essential.

SCHOOL ADMINISTRATOR — The school administrator is responsible for the planning and supervision of all phases of the school program, which includes the

*Florida State Department of Education and State Board of Health: "Plans for Florida's School Health Program"; Florida Program for Improvement of Schools Bulletin No. 4, October, 1939

relationship of the school to public health agencies and details of the health program within the school.

CLASSROOM TEACHER — Health instruction is the responsibility of the classroom teacher, also such activities as the weighing and measuring of children, testing of hearing and eyesight, rendering and teaching of first aid, and morning observations for signs of communicable disease. These activities should be used as demonstration to supplement the teaching of health.

HEALTH OFFICER — The county health officer should assist in organizing school health services and take an active part in the physical examination of school children. The health officer and his staff should assist in communicable disease control, environmental sanitation, and the supervision of the health of the children. The health officer and his staff should also be prepared to assist the school authorities with suggestions for subject content and supplementary material for health instruction.

PUBLIC HEALTH NURSE — The nurse should not be expected to teach in the schools, nor should she spend too much of her time in the schools. She is the important

link between the home, the school and the community. In order to be of optimum benefit to the health of the school child the nurse should serve as advisor to the parents regarding correction of conditions in the home which affect the child's health. The nurse should give professional guidance to teachers concerning first aid, hearing and vision testing, observation for signs of communicable diseases, and weighing and measuring the children. In the secondary schools the nurse may teach classes in home hygiene and care of the sick.

SANITARIAN The sanitarian should provide advice and consultation to the teachers concerning school sanitation and the proper use of sanitary facilities. He should act as consultant to janitors and other school employees concerned with the operation and maintenance of the school plant. The sanitarian is not a teacher and should not be expected to teach in the school.

OTHER SCHOOL PERSONNEL Special health training should be provided for school janitors, bus drivers, school secretaries, and lunchroom directors in their respective duties. Such training should be the responsibility of the county school boards. The county health unit could advisedly stress the need for the training of these people who occupy an important place

in the complete health program.

VOLUNTARY HEALTH ORGANIZATIONS The voluntary health organizations can support and encourage school health education programs, and both these and civic clubs, women's clubs and parent-teacher associations can be utilized in the planning and financing of the program for correction of defects among those school children unable to pay. Leadership in cooperation with the county medical society should be the responsibility of the county health unit.

MEDICAL AND DENTAL SOCIETIES The physical examination of school children and the correction of defects should be accomplished with the cooperation of the local medical and dental societies. The responsibility for organization of such programs should be with the county health officer.

FLORIDA STATE BOARD OF HEALTH

Local County Health Unit Law

CHAPTER 14906 (NO. 268)

GENERAL LAWS 1931

AN ACT Relating to the Public Health and to the Control of Preventable Diseases, and to Authorize Counties of the State of Florida to Cooperate with the State Board of Health in the Establishment and Maintenance by the State Board of Health of Full-Time Local Health Units Therein, and to Levy and Collect Special County Taxes Therefor, and to Authorize Two or More Counties to Agree Upon Joint or Concurrent Action to Effectuate the Purpose of this Act.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF FLORIDA:

Section 1. That the several counties of the State of Florida, and cities therein, are hereby authorized to co-operate with the State Board of Health in the establishment and maintenance of full time local health units in such counties for the control and eradication of preventable diseases, and to inculcate modern scientific methods of hygiene, sanitation and the prevention of communicable diseases.

Section 2. To enable such counties to execute the purpose of this Act, every county in the State with a population exceeding one hundred thousand (100,000), according to the last State Census, is hereby authorized to levy an annual tax of not exceeding one half (½) mill, and every county in the State with a population exceeding forty thousand (40,000), according to the last State Census, and not exceeding one hundred thousand (100,000) is hereby authorized to levy an annual tax of not exceeding (1) mill, and every county in the State with a population not exceeding forty thousand (40,000), according to the last State Census, is hereby authorized to levy an annual tax not exceeding (2) mills, on the dollar on all taxable property in such county, the proceeds of which, when collected, shall be paid to the State Treasurer for the account of the State Board of Health. Such funds in the hands of the State Treasurer shall be known as the full-time local health unit funds of the county by which such funds were raised; and said funds shall be expended by the State Board of Health solely for the purpose of carrying out the intent and object of this Act in such county. The State Board of Health shall render to the County Commissioners of any such county providing such funds a semi-annual financial statement of the disbursements thereof, so long as said moneys shall continue to be disbursed by or under the direction of the State Board of Health.

Section 3 That the County Commissioners of every county are hereby authorized to agree with the State Board of Health upon the expenditure by the State Board of Health in such counties of any funds allotted for that purpose by the State Board of Health or received by it for such purposes from private contributions or other sources, and such funds shall be paid to the State Treasurer and shall form a part of the full-time local health unit fund of such county, and shall be expended by the State Board of Health solely for the purpose of this Act. The State Board of Health is further authorized to arrange and agree with the United States Government through its duly authorized officials for the allocation and expenditure by the United States of funds of the United States in the study of the causes of diseases and prevention thereof in such full-time local health units when and where established by the State Board of Health under this Act.

Section 4 That the personnel of the minimum full-time local health unit shall consist of a director, who shall be a doctor of medicine, a public health nurse, a sanitary officer and a clerk. All of the members of such personnel shall be selected from those especially trained in public health administration and practice, so far as the same shall relate to the duties of their respective positions. They shall be employed by the Board of County Commissioners, provided however that no such personnel shall be employed by the Board of County Commissioners unless such said personnel shall be approved by the State Health Officer The duties and compensation of said personnel shall be fixed and determined by the State Board of Health upon the approval of the Board of County Commissioners Such employees shall devote their entire time to the control of preventable diseases and the education of the public in modern scientific methods of sanitation, hygiene and the control of communicable disease in cooperation with and under the supervision of the State Board of Health.

Section 5. That it shall be lawful for two or more counties to combine in the establishment and maintenance of a single full-time local health unit for the counties which combine for that purpose as aforesaid, and pursuant to such combination or agreement such counties may cooperate with one another and the State Board of Health and contribute to a joint fund in carrying out the purpose and intent of this Act. The duration and nature of such agreement shall be evidenced by resolutions of the Board of County Commissioners of such counties and shall be submitted to and approved by the State Board of Health. In the event of any such agreement, a full time local health unit shall be established and maintained by the State Board of Health in and for the benefit of the counties which have entered into such an agreement; and, in such case, the funds raised by taxation pursuant to this Act by each such county shall be paid to the State Treasurer for the account of the State Board of Health and shall be known as the full time local health unit fund of the counties so cooperating Such funds shall be used and expended by the State Board of Health for the purpose specified in this Act in the counties which have entered into such an agreement. In case such an agreement is entered into between two or more counties, the work contemplated by this act shall be done by a single full-time local health unit in the counties so cooperating, and the nature, extent and location of such work shall be under the control and direction of the State Health Officer.

Section 6 All laws or parts of laws in conflict with this act are hereby repealed. If any portion of this act shall be held unconstitutional or unenforceable, it is hereby declared to be the purpose of the legislature that the remainder of said act shall not be affected thereby, insofar as the same may be found to be unenforceable or unconstitutional.

Section 7. This Act shall take effect upon its becoming a law.

Approved June 4th, 1931.

I N D E X